

ENLISTED PERSONNEL
DISCHARGE AND
RELEASE FROM
ACTIVE DUTY

(OTHER THAN AT SEPARATION CENTERS)



WAR DEPARTMENT

JANUARY 1945

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BY ORDER OF THE SECRETARY OF WAR:

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For explanation of symbols, see FM 21-6.

FOREWORD

1. For a long time there has been a lack of uniform procedure in discharging or releasing personnel from active duty. Too many times the importance of making the transition from military life to civilian life as smooth a procedure as possible has been overlooked. The change is a hard one — equally as difficult as the initial experience when men and women are first inducted or enlisted in the service.

2. In recognition of this problem, an attempt has been made to cut out the "red tape" in discharge procedures and substitute a working system which may be adopted throughout the Army. The aim is to foster a method which will cover the requirements of permanent recording of service and at the same time aid service men and women in the difficulties of readjustment to the responsibilities of civilian life.

3. The basic purpose of this manual is:

a. To simplify the primary procedures in discharge or separation from active service.

b. To clarify the procedure for discharge on certificate of disability under AR 615-361, and to develop a standard method of effecting such discharge after maximum military hospitalization has been obtained.

c. To clarify the various procedures for transmittal of necessary records to the Veterans Administration in order to effect prompt adjudication of claims, and to expedite the transfer and subsequent discharge of patients sent to Veterans Administration Facilities.

d. To reduce to a minimum the time and effort required to process men who are being separated from active service, in order to make available hospital beds and other facilities, after necessary care.

4. Changes to this manual will be supplied on a page basis, and will be published as required. As change pages are received they will be inserted in their proper place, and the replaced pages destroyed.
5. Each page of the manual bears a date in its upper inside corner. This date is the date of the publication. Pages which represent changes will carry the date and number of the change.
6. Pages are numbered consecutively throughout the book. If new pages are added within the book the added pages will carry alphabetical suffixes — A, B, C, and so on. For example, if a new page is added between 35 and 36, the page will be numbered 35-A. A second additional page in the same place would be numbered 35-B, and so on.
7. The procedures set forth herein have been developed and tested extensively in the field. In many cases they represent major changes in existing methods. The procedures and forms in this manual will be placed in effect immediately at all installations effecting discharge or release from active service. No deviation in forms, procedures, or requirements is authorized without prior approval of the War Department unless specifically noted otherwise in this manual.
8. The procedure charts in this manual illustrate graphically the flow of each document and the action taken on each copy throughout the process. The rectangular blocks represent the forms and the number of copies prepared. The shaded portion inside the lower right hand corner of a block indicates that the document was originated by the organization unit shown in the column heading above, example: . The numbers appearing in the blocks reflecting the copy numbers do not necessarily appear on the forms, but are intended to be used as a guide in following the flow of a document.
9. Forms not bearing a WD AGO or VA number may be reproduced locally.
10. Recommendations for change or improvement in forms or procedures should be transmitted through channels to the Control Division, Army Service Forces, The Pentagon, Washington 25, D. C.

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CHAPTER 1

BASIC DISCHARGE AND RELEASE FROM ACTIVE DUTY PROCEDURE

1. Definitions:

a. The terms "enlisted man," "patient," or "dischargee" as used in this manual include all enlisted military personnel, male and female, who are to be separated from the military service, including reversion to National Guard and release to reserve components.

b. "Personnel Section" as used herein is an all inclusive term for the unit personnel section, station complement, military personnel branch, or detachment of patients, whichever is applicable.

c. Wherever mail is designated as the mode of transmission, the use of air mail is hereby authorized if such action will result in expedition of necessary papers and speed the discharge procedure.

d. All local forms designated to be filed or retained as suspense copies will be kept only until the purpose of the original has been attained. These copies will then be destroyed. War Department forms indicated for filing will be retained only so long as necessary for completion of the case and any necessary questionable items which may arise in the future. War Department Forms will be disposed of periodically as announced in directives.

2. Simplification:

a. The basic discharge and separation procedures and forms as set forth in this manual have been simplified.

b. All unnecessary signatures have been eliminated.

c. Copies have been reduced to a minimum, providing only those which are mandatory for completion of the separation procedures and matters arising therefrom.

d. Coincident with the reduction in the number of signatures and copies there has been a substantial reduction and elimination of unnecessary operations.

e. Forms have been revised to standard typewriter spacing to facilitate rapid preparation; other forms have been discontinued, and many forms have been combined to expedite their preparation.

f. Elimination of duplication of effort and information has been the primary objective.

g. The procedures as set forth in this chapter should require a maximum of 48 hours to effect discharge once separation has been approved and ordered. To maintain this schedule will require—speed, accuracy, and a high degree of coordination between interested authorities, agencies, offices and personnel.

REFERENCE CHART—DISCHARGE

AUTHORITY FOR DISCHARGE OR RELEASE FROM ACTIVE SERVICE	REASON FOR DISCHARGE OR RELEASE FROM ACTIVE DUTY	FORM OF DISCHARGE OR RELEASE FROM ACTIVE SERVICE
AR 615-360	EXPIRATION OF SERVICE	WHITE OR BLUE (Dependent upon character of service rendered).
AR 615-361	DISABILITY	WHITE OR BLUE (Dependent upon character of service rendered).
	PREGNANCY	WHITE
AR 615-362	PURCHASE (SUSPENDED FOR THE DURATION)	
	MINORITY	WHITE OR BLUE (Character of service rendered governs form of discharge regardless of element of misrepresentation as to age or consent of parent or guardian).
	DEPENDENCY	WHITE
AR 615-363	RELEASE TO RESERVE COMPONENTS	CERTIFICATE OF SERVICE
	DISCHARGE FROM RESERVE COMPONENTS	WHITE OR BLUE (Dependent upon character of service rendered)
AR 615-364	DISHONORABLE	YELLOW
AR 615-365	CONVENIENCE OF THE GOVERNMENT	WHITE (Dependent upon character of service rendered except as noted in par. 3(d), AR 615-365 or approved proceedings of a board of officers under par. 4b(2), AR 615-360).
AR 615-366	MISCONDUCT a. FRAUDULENT ENTRY INTO SERVICE	BLUE (Except as noted in par. 3b(1), AR 615-366).
	b. AWOL AND DESERTION	BLUE
	c. CONVICTION BY CIVIL COURT	BLUE
AR 615-367	WRIT OF HABEAS CORPUS	WHITE OR BLUE (Dependent upon character of service rendered).
AR 615-368	UNDESIRABLE HABITS OR TRAITS OF CHARACTER	BLUE
AR 615-369	INAPTNES, LACK OF REQUIRED DEGREE OF ADAPTABILITY OR ENURESIS	WHITE

NOTE: AR 615-360 is the basic discharge regulation and gives the procedure

AND RELEASE FROM ACTIVE DUTY

BASIS FOR ELIGIBILITY FOR DISCHARGE OR RELEASE FROM ACTIVE SERVICE	BY WHOM DISCHARGE ORDERED
Completion of service	
Recommendation of board of Medical Officers	} COMMANDING OFFICERS SPECIFIED IN PARAGRAPH 6, AR 615-360
Certification of pregnancy by Medical Officer	
Compliance with Section II, AR 615-362	
Compliance with Section III, AR 615-362	
Classes of personnel specified by the War Department and those persons specified in par. 2, AR 615-363	
Order of the President or Secretary of War and those persons specified in par. 11, AR 615-363	By order of the President, Secretary of War or those Commanding Officers specified in par. 5, AR 615-363
Sentence of General Court Martial or Military Commission	Approved sentence of General Court-Martial or Military Commission
Classes of personnel to be discharged under this regulation to be specified by order of the Secretary of War.	Commanding officers specified in par. 6, AR 615-360
Compliance with section I, AR 615-366	Commanding Officers specified in par. 6, AR 615-360
Compliance with Section II, AR 615-366	Commanding General of Service Command or Officer exercising special or general Courts-Martial jurisdiction
Compliance with Section III, AR 615-366	Commanding Officers specified in par. 6, AR 615-360
Order of U.S. Court, Judge or Justice thereof	Order of U.S. Court or Judge or Justice thereof
Approved proceedings of a board of officers	Officers having General Courts-Martial jurisdiction
Approved proceedings of a board of officers	Commanding officers specified in par. 6, AR 615-360

and authority for effecting all other discharges in the 615-360 series.

BASIC DISCHARGE AND

DOCUMENT	PERSONNEL	
	DISCHARGE TYPIST	ALLOTMENT TYPIST

SECTION 1—PREPARATION OF DISCHARGE CERTIFICATE, REPORT OF SEPARATION AND FINAL PAYMENT ROLL

INFORMATION FOR
SOLDIERS GOING BACK
TO CIVILIAN LIFE
WD PAMPHLET 21-4

RECORDS JACKET,
SERVICE RECORD
AND ALLIED PAPERS

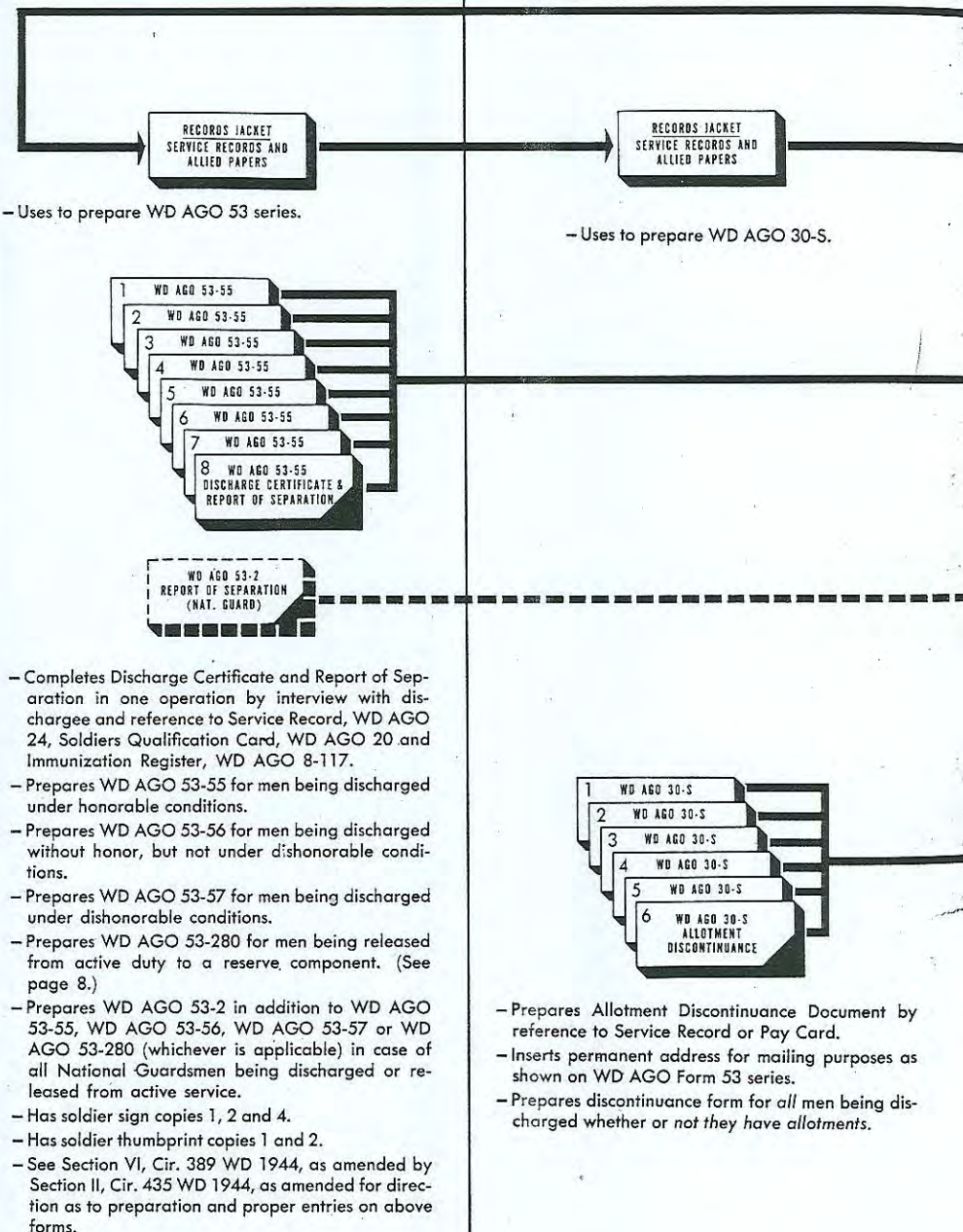
— Uses to prepare WD AGO 53 series.

DISCHARGE CERTIFICATE
AND REPORT OF
SEPARATION
WD AGO 53 SERIES

REPORT OF SEPARATION
NATIONAL GUARD ONLY
WD AGO FORM 53-2

ALLOTMENT
DISCONTINUANCE
WD AGO FORM 30-S

FINAL PAYMENT ROLL
WD 371



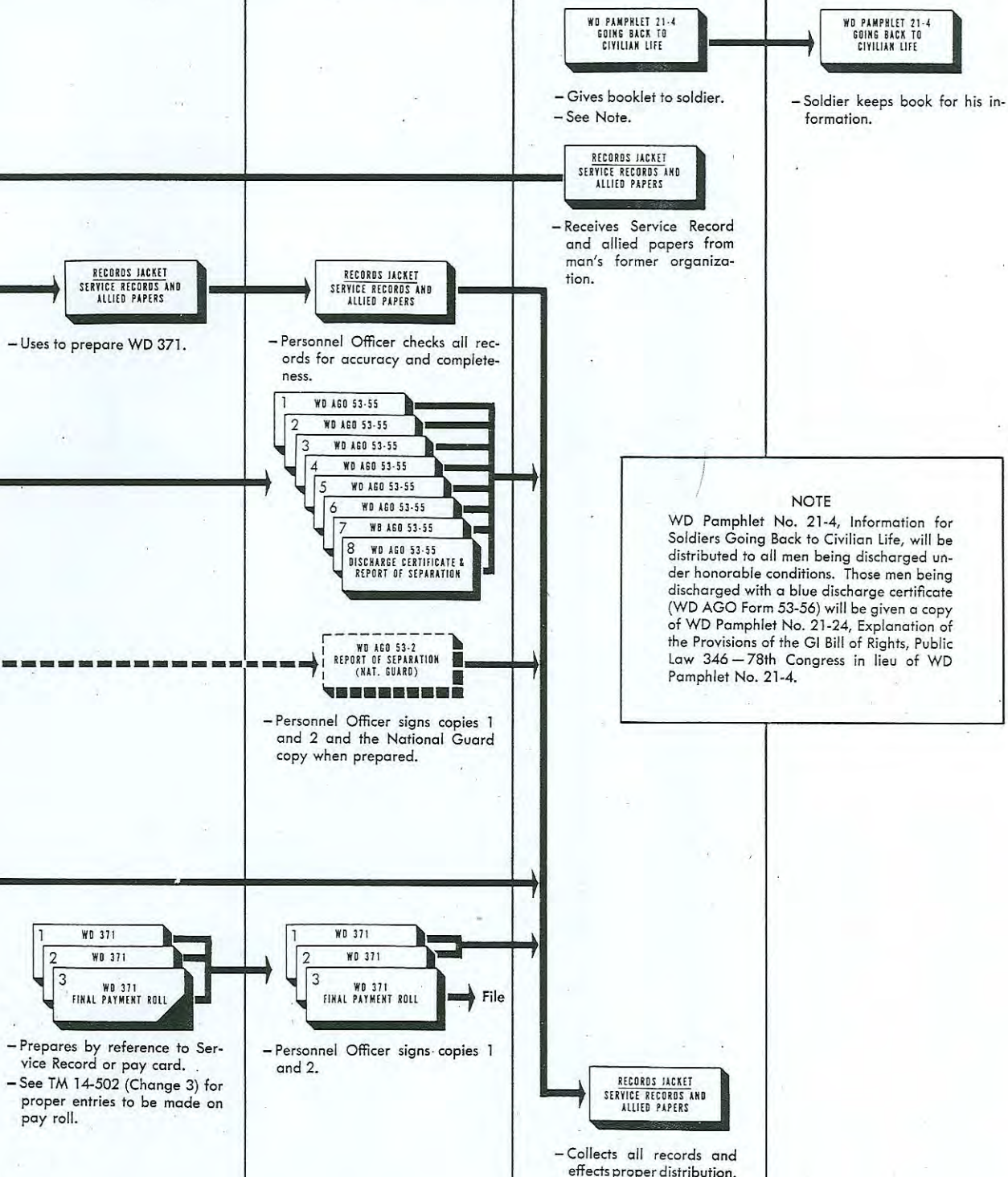
SEPARATION PROCEDURE

SECTION

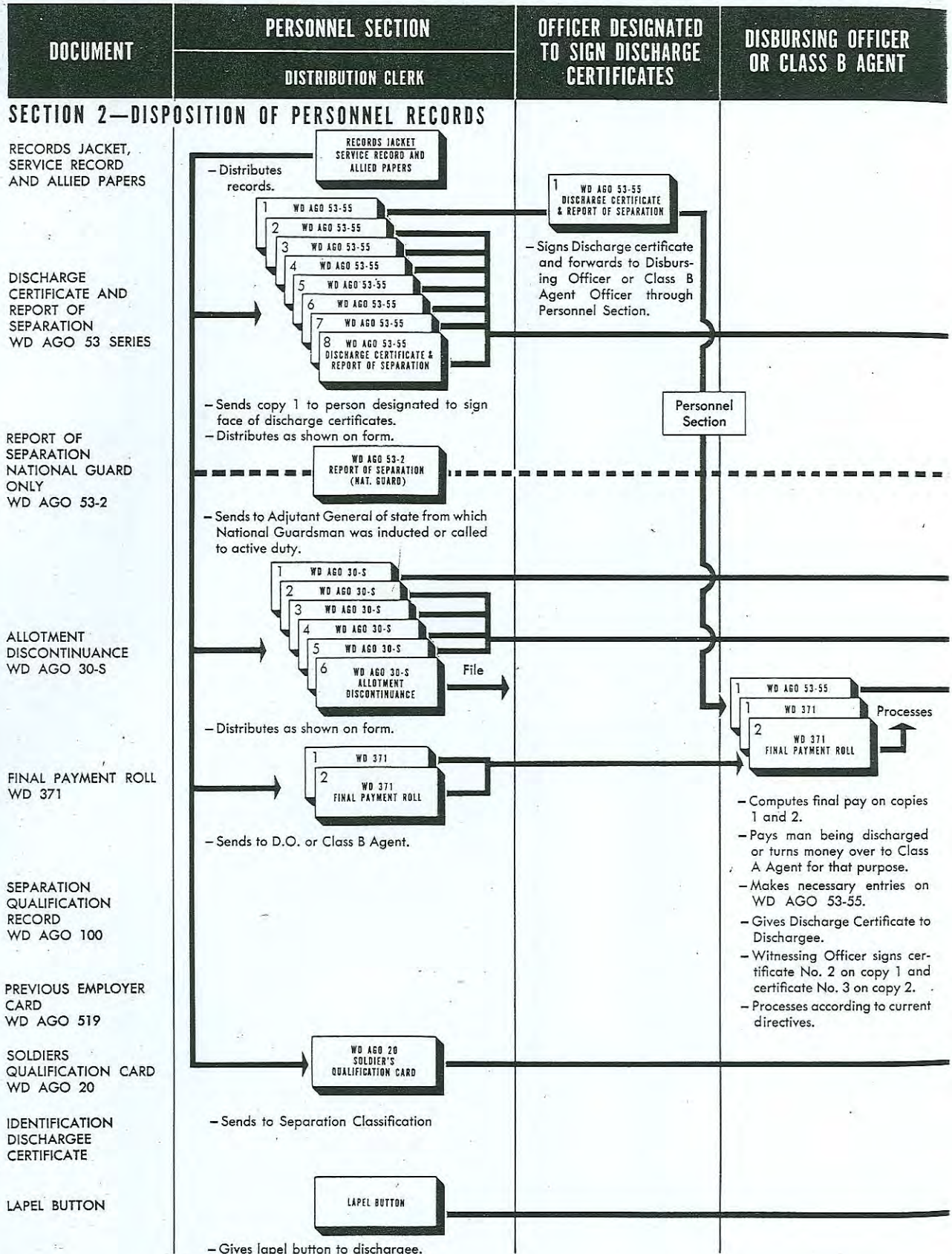
PAYROLL TYPIST

PERSONNEL OFFICER

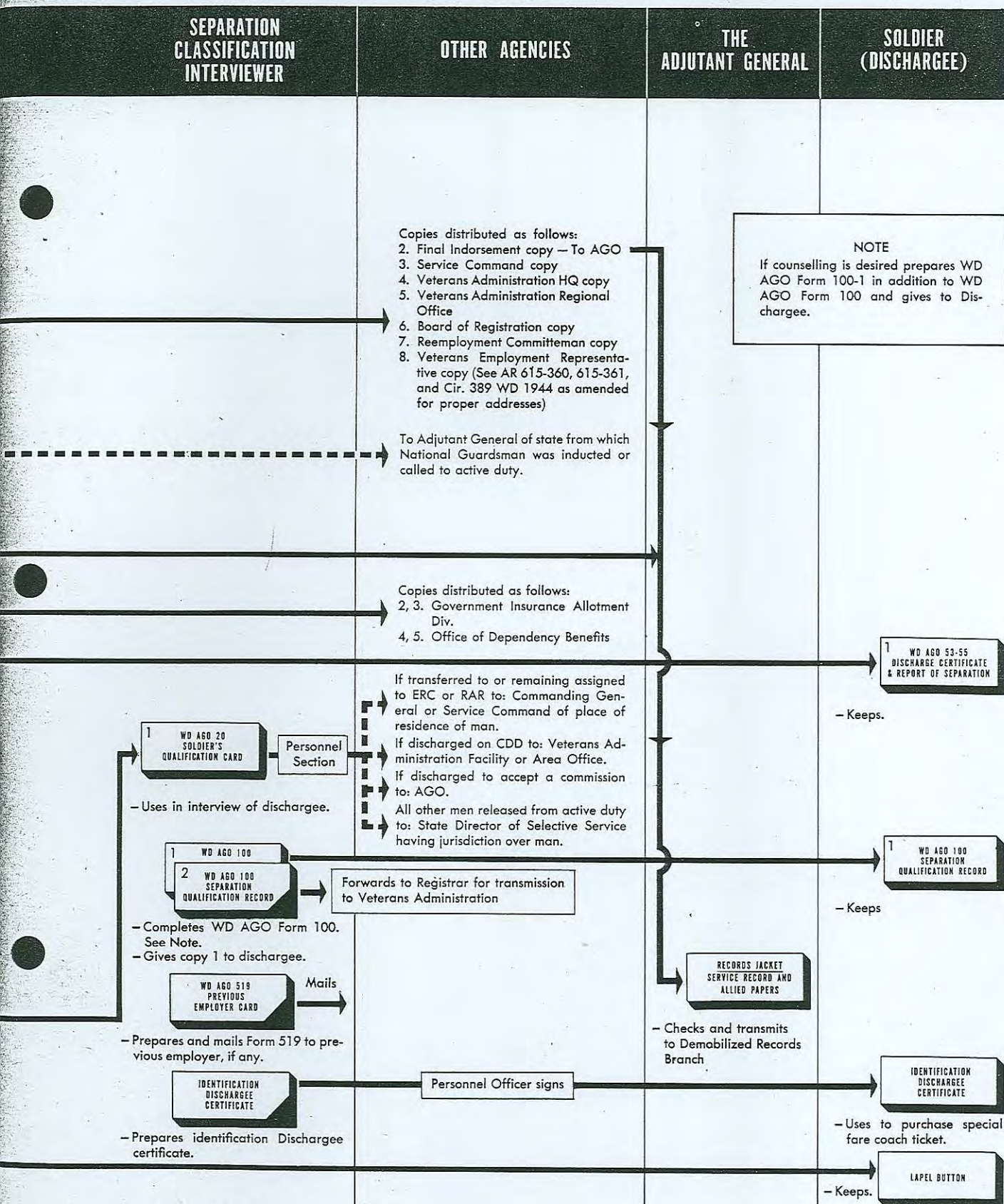
DISTRIBUTION CLERK

SOLDIER
(DISCHARGE)

BASIC DISCHARGE AND



SEPARATION PROCEDURE (CONTD)

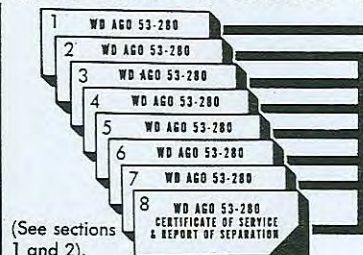


BASIC DISCHARGE AND

DOCUMENT	PERSONNEL SECTION	DISBURSING OFFICER OR CLASS B AGENT OFFICER	SERVICE COMMAND IN WHICH SOLDIER WILL RESIDE
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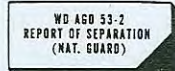
SECTION 3—TRANSFER TO ENLISTED RESERVE CORPS OR REVERSION TO NATIONAL GUARD.

CERTIFICATE OF
SERVICE AND REPORT
OF SEPARATION
WD AGO 53-280



(See sections
1 and 2).

REPORT OF
SEPARATION —
NATIONAL GUARD
WD AGO 53-2



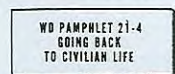
- Completes from Service Record, Soldiers Qualification Card and Immunization Register.
- Takes thumbprint on copies 1 and 2.
- Has soldier sign copies 1, 2, and 4.
- See Circ. 389 WD 1944 as amended for proper entries and disposition.
- Prepares WD AGO 53-2 if soldier to be released is a National Guardsman, in addition to WD AGO 53-280.
- Has officer designated to sign discharge certificates sign copy 1.

IDENTIFICATION CARD
ENLISTED RESERVE
CORPS
WD AGO 166



- Prepares form, thumbprints soldier and then gives to individual.
- Prepared only for enlisted reservists.

INFORMATION FOR
SOLDIERS GOING
BACK TO CIVILIAN LIFE
WD PAMPHLET 21-4



- Gives to soldier.
- See Note 1, Section 1, Page

LAPEL BUTTON



REPORT OF CHANGE
OF ADDRESS —
ENLISTED RESERVE
CORPS
WD AGO 167

- Gives to soldier.

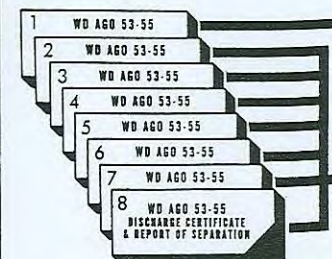


- Notes information.

SECTION 4—DISCHARGE FROM THE ENLISTED RESERVE CORPS.

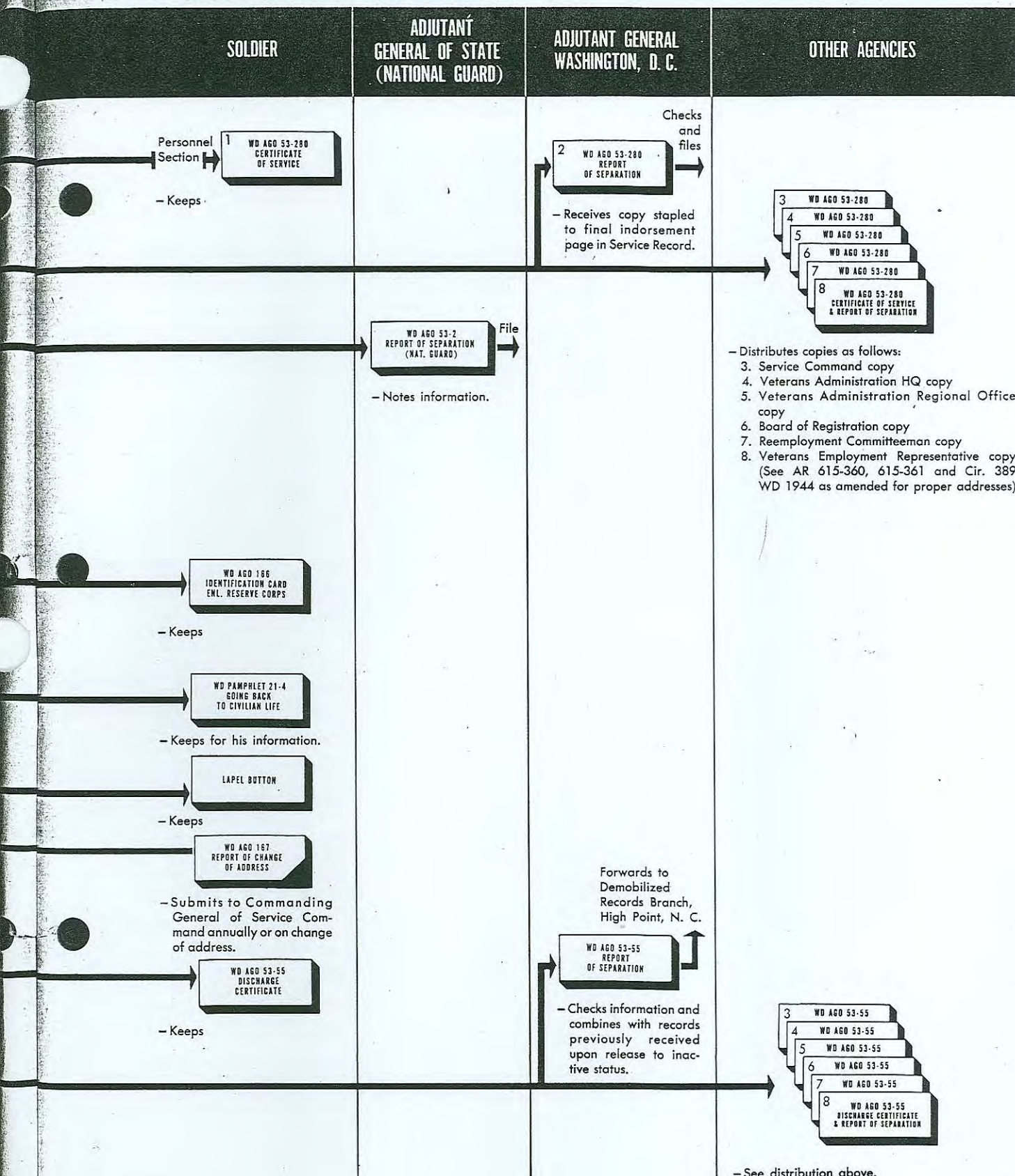
(By Commanding Generals of Service Commands at the request of
Commanding Generals of Major Commands.)

DISCHARGE
CERTIFICATE AND
REPORT OF
SEPARATION
WD AGO 53 SERIES



- Prepares WD AGO 53-55, 53-56 or 53-57 (Whichever is applicable).

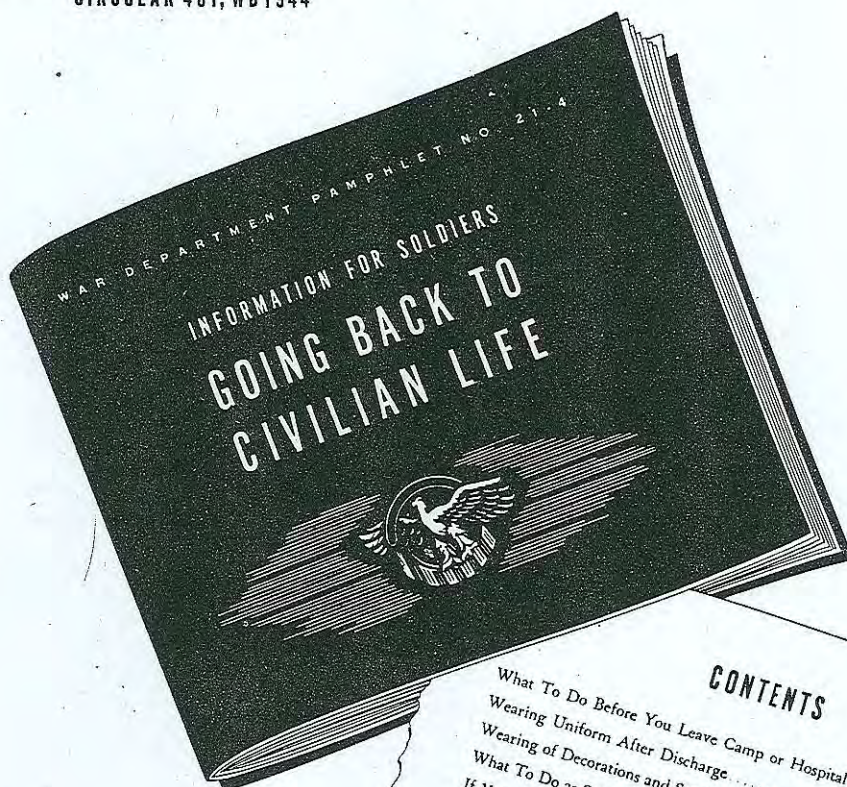
SEPARATION PROCEDURE (CONTD)



INFORMATION FOR SOLDIERS GOING BACK TO CIVILIAN LIFE

WD PAMPHLET 21-4

REFERENCE: CIRCULAR 445, WD 1944
CIRCULAR 461, WD 1944



CONTENTS	
What To Do Before You Leave Camp or Hospital	Page 1
Wearing Uniform After Discharge	6
Wearing of Decorations and Service Ribbons After Discharge	8
What To Do as Soon as You Get Home	9
If You Are Put in the Enlisted Reserve Corps	13
Getting a Job	14
What To Do About Your Insurance	20
What the Disabled Veteran Should Know	25
Benefits That Apply to All Honorably Discharged Veterans	32
Social Security	43
Benefits for Dependents	45
For Your Convenience (Record of numbers, dates, and addresses)	50

- NOTES: 1. A copy of WD Pamphlet 21-4 will be given to each soldier discharged or released under honorable conditions.
2. Persons discharged on a blue certificate will be given a copy of WD Pamphlet 21-24, "Explanation of the GI Bill of Rights, Public Law 346 - 78th Congress" in lieu of WD Pamphlet 21-4.

REFERENCE: AR 35-556

NOTES:

1. All copies of form are prepared in one operation.
2. WD AGO Form 30-S is prepared and distributed for every enlisted person discharged or released from active duty even though there are no allotment recorded in the Service Record.

Reverse of Discharge Certificate

2. FINAL INDORSEMENT COPY (Affixed to final indorsement page of Service Record)

3. SERVICE COMMAND COPY

4. VETERANS ADMINISTRATION HEADQUARTERS COPY

3. VETERANS ADMINISTRATION REGIONAL OFFICE COPY
(To: Regional Office responsible for address shown in item 3)

6. BOARD OF REGISTRATION COPY (To: State Director of Selective Service for State shown in item 28 when available, otherwise item 29)

7. REEMPLOYMENT COMMITTEEMAN COPY (To: State Director of
Selective Service for State shown in item 12)

VETERANS EMPLOYMENT REPRESENTATIVE COPY (To: State
Veterans Employment Representative of the War Manpower
Commission through State Director of Selective Service for the
State shown in Page 123)

- 13

FINAL PAYMENT ROLL

WD FORM 371

REFERENCES: AR 345-475

TM 14-502

FINAL PAYMENT ROLL

of

DETACHMENT OF PATIENTS
TILTON GENERAL HOSPITAL

FORT DIX, NEW JERSEY
(Station)

Discharged on November 24, 1944 Paid November 24, 1944

Voucher No.

PAID BY

(For use of Paying Office)

APPROPRIATIONS:

(Symbol)	(Allotment)
Total amount disbursed	\$

Total amount disbursed _____ \$

ALLOTMENT SUMMARY:

Class "N" _____

Class "E" _____

Class "J" _____

Class "F" _____

Class "C" _____

Class "A" _____

Fort Dix, NJ November 24, 1944
(Station) (Date)

(Station) (Date)

I CERTIFY that this roll is made out as required by Army Regulations and that entries pertaining to each name are correct; that where rental and/or subsistence allowance is due, the soldier was not furnished ration in kind nor received the equivalent thereof in money; that where quarters allowance is due, the enlisted man, his dependents, or both, public quarters were not available or assigned to such persons nor did they receive a monetary allowance in lieu thereof; and that payment to the enlisted men named on the within pay roll is noted and paid by authority of this new list. The availability of the appropriation(s) involved. Except as otherwise stated in remarks, each enlisted man is entitled to travel pay to the place indicated after his name and was last paid to include as per remarks, 10, by _____, F. D. U. S. A.

Certificator on _____
reverse made a STANDARD
part hereof ASST. LT. MAC
_____ ASST. UNIT _____
_____ PERSONNEL OFFICER

DATE OF ENLISTMENT (Induction or call to active duty)		No. Years Serv. XX	NAME, GRADE, AND COMPONENT (Date and place of acceptance for enlistment, or place of receipt of notice for active duty, by receipt; indication reporting for duty as National Guardsman under call or draft by the President, to which entitled to travel allowances.)	SERIAL NO.	Month and year deducted	Class A	Class B	Class C	Class D	Class E	Class F	Class G	Class H	Class I	Class J	Class K	Class L	Class M	Class N	Class O	Class P	Class Q	Class R	Class S	Class T	Class U	Class V	Class W	Class X	Class Y	Class Z	Class AA	Class AB	Class AC	Class AD	Class AE	Class AF	Class AG	Class AH	Class AI	Class AJ	Class AK	Class AL	Class AM	Class AN	Class AO	Class AP	Class AQ	Class AR	Class AS	Class AT	Class AU	Class AV	Class AW	Class AX	Class AY	Class AZ	Class BA	Class BB	Class BC	Class BD	Class BE	Class BF	Class BG	Class BH	Class BI	Class BJ	Class BK	Class BL	Class BM	Class BN	Class BO	Class BP	Class BQ	Class BR	Class BS	Class BT	Class BU	Class BV	Class BW	Class BX	Class BY	Class BZ	Class CA	Class CB	Class CC	Class CD	Class CE	Class CF	Class CG	Class CH	Class CI	Class CJ	Class CK	Class CL	Class CM	Class CN	Class CO	Class CP	Class CQ	Class CR	Class CS	Class CT	Class CU	Class CV	Class CW	Class CX	Class CY	Class CZ	Class DA	Class DB	Class DC	Class DD	Class DE	Class DF	Class DG	Class DH	Class DI	Class DJ	Class DK	Class DL	Class DM	Class DN	Class DO	Class DP	Class DQ	Class DR	Class DS	Class DT	Class DU	Class DV	Class DW	Class DX	Class DY	Class DZ	Class EA	Class EB	Class EC	Class ED	Class EE	Class EF	Class EG	Class EH	Class EI	Class EJ	Class EK	Class EL	Class EM	Class EN	Class EO	Class EP	Class EQ	Class ER	Class ES	Class ET	Class EU	Class EV	Class EW	Class EX	Class EY	Class EZ	Class FA	Class FB	Class FC	Class FD	Class FE	Class FF	Class FG	Class FH	Class FI	Class FJ	Class FK	Class FL	Class FM	Class FN	Class FO	Class FP	Class FQ	Class FR	Class FS	Class FT	Class FU	Class FV	Class FW	Class FX	Class FY	Class FZ	Class GA	Class GB	Class GC	Class GD	Class GE	Class GF	Class GG	Class GH	Class GI	Class GJ	Class GK	Class GL	Class GM	Class GN	Class GO	Class GP	Class GQ	Class GR	Class GS	Class GT	Class GU	Class GV	Class GW	Class GX	Class GY	Class GZ	Class HA	Class HB	Class HC	Class HD	Class HE	Class HF	Class HG	Class HH	Class HI	Class HJ	Class HK	Class HL	Class HM	Class HN	Class HO	Class HP	Class HQ	Class HR	Class HS	Class HT	Class HU	Class HV	Class HW	Class HX	Class HY	Class HZ	Class IA	Class IB	Class IC	Class ID	Class IE	Class IF	Class IG	Class IH	Class II	Class IJ	Class IK	Class IL	Class IM	Class IN	Class IO	Class IP	Class IQ	Class IR	Class IS	Class IT	Class IU	Class IV	Class IW	Class IX	Class IY	Class IZ	Class JA	Class JB	Class JC	Class JD	Class JE	Class JF	Class JG	Class JH	Class JI	Class JJ	Class JK	Class JL	Class JM	Class JN	Class JO	Class JP	Class JQ	Class JR	Class JS	Class JT	Class JU	Class JV	Class JW	Class JX	Class JY	Class JZ	Class KA	Class KB	Class KC	Class KD	Class KE	Class KF	Class KG	Class KH	Class KI	Class KJ	Class KK	Class KL	Class KM	Class KN	Class KO	Class KP	Class KQ	Class KR	Class KS	Class KT	Class KU	Class KV	Class KW	Class KX	Class KY	Class KZ	Class LA	Class LB	Class LC	Class LD	Class LE	Class LF	Class LG	Class LH	Class LI	Class LJ	Class LK	Class LL	Class LM	Class LN	Class LO	Class LP	Class LQ	Class LR	Class LS	Class LT	Class LU	Class LV	Class LW	Class LX	Class LY	Class LZ	Class MA	Class MB	Class MC	Class MD	Class ME	Class MF	Class MG	Class MH	Class MI	Class MJ	Class MK	Class ML	Class MM	Class MN	Class MO	Class MP	Class MQ	Class MR	Class MS	Class MT	Class MU	Class MV	Class MW	Class MX	Class MY	Class MZ	Class NA	Class NB	Class NC	Class ND	Class NE	Class NF	Class NG	Class NH	Class NI	Class NJ	Class NK	Class NL	Class NM	Class NN	Class NO	Class NP	Class NQ	Class NR	Class NS	Class NT	Class NU	Class NV	Class NW	Class NX	Class NY	Class NZ	Class OA	Class OB	Class OC	Class OD	Class OE	Class OF	Class OG	Class OH	Class OI	Class OJ	Class OK	Class OL	Class OM	Class ON	Class OO	Class OP	Class OQ	Class OR	Class OS	Class OT	Class OU	Class OV	Class OW	Class OX	Class OY	Class OZ	Class PA	Class PB	Class PC	Class PD	Class PE	Class PF	Class PG	Class PH	Class PI	Class PJ	Class PK	Class PL	Class PM	Class PN	Class PO	Class PP	Class PQ	Class PR	Class PS	Class PT	Class PU	Class PV	Class PW	Class PX	Class PY	Class PZ	Class QA	Class QB	Class QC	Class QD	Class QE	Class QF	Class QG	Class QH	Class QI	Class QJ	Class QK	Class QL	Class QM	Class QN	Class QO	Class QP	Class QQ	Class QR	Class QS	Class QT	Class QU	Class QV	Class QW	Class QX	Class QY	Class QZ	Class RA	Class RB	Class RC	Class RD	Class RE	Class RF	Class RG	Class RH	Class RI	Class RJ	Class RK	Class RL	Class RM	Class RN	Class RO	Class RP	Class RQ	Class RR	Class RS	Class RT	Class RU	Class RV	Class RW	Class RX	Class RY	Class RZ	Class SA	Class SB	Class SC	Class SD	Class SE	Class SF	Class SG	Class SH	Class SI	Class SJ	Class SK	Class SL	Class SM	Class SN	Class SO	Class SP	Class SQ	Class SR	Class SS	Class ST	Class SU	Class SV	Class SW	Class SX	Class SY	Class SZ	Class TA	Class TB	Class TC	Class TD	Class TE	Class TF	Class TG	Class TH	Class TI	Class TJ	Class TK	Class TL	Class TM	Class TN	Class TO	Class TP	Class TQ	Class TR	Class TS	Class TT	Class TU	Class TV	Class TW	Class TX	Class TY	Class TZ	Class UA	Class UB	Class UC	Class UD	Class UE	Class UF	Class UG	Class UH	Class UI	Class UJ	Class UK	Class UL	Class UM	Class UN	Class UO	Class UP	Class UQ	Class UR	Class US	Class UT	Class UY	Class UV	Class UW	Class UX	Class UY	Class UZ	Class VA	Class VB	Class VC	Class VD	Class VE	Class VF	Class VG	Class VH	Class VI	Class VJ	Class VK	Class VL	Class VM	Class VN	Class VO	Class VP	Class VQ	Class VR	Class VS	Class VT	Class VY	Class VZ	Class WA	Class WB	Class WC	Class WD	Class WE	Class WF	Class WG	Class WH	Class WI	Class WJ	Class WK	Class WL	Class WM	Class WN	Class WO	Class WP	Class WQ	Class WR	Class WS	Class WT	Class WY	Class WZ	Class XA	Class XB	Class XC	Class XD	Class XE	Class XF	Class XG	Class XH	Class XI	Class XJ	Class XK	Class XL	Class XM	Class XN	Class XO	Class XP	Class XQ	Class XR	Class XS	Class XT	Class XY	Class XZ	Class YA	Class YB	Class YC	Class YD	Class YE	Class YF	Class YG	Class YH	Class YI	Class YJ	Class YK	Class YL	Class YM	Class YN	Class YO	Class YP	Class YQ	Class YR	Class YS	Class YT	Class YZ	Class ZA	Class ZB	Class ZC	Class ZD	Class ZE	Class ZF	Class ZG	Class ZH	Class ZI	Class ZJ	Class ZK	Class ZL	Class ZM	Class ZN	Class ZO	Class ZP	Class ZQ	Class ZR	Class ZS	Class ZT	Class ZY	Class ZZ
Honorable discharged by reason of:			CDD AR 615-361 (See Remarks)		No time lost under A. W. 107 except as indicated.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Page 2

**See TM 14-502
(Change 3) for
model remarks
and abbrevia-
tions.**

FINAL PAYMENT ROLL

WD FORM 371

(PAGES 3 AND 4)

FOR USE OF FINANCE DEPARTMENT ONLY

CREDITS			COLLECTIONS			TOTAL AMOUNT DUE	TOTAL COLLECTIONS	BALANCE PAID	We hereby acknowledge receipt IN CASH of amounts in the column "Balance Paid" as opposite our respective names, and in case of payment of quarters allowances we certify that we (our dependents) actually occupied quarters at the address shown during the period for which allowed, and that during the current period for which allowances are claimed we have made contributions for the support of our dependents listed herein at a rate approximately equal to the rate of contributions for the support of the same dependents as shown in affidavit and/or certificate herewith or heretofore submitted and that there has not been a material change in the status of dependents nor degree of dependency as stated therein.
Net Pay	Deposits and Interest	Allowances for Sub. or Furlough Rations	Travel Pay	Govt. Laundry	Sol. Home				

Page 3

I certify that rations in kind or any monetary allowances in lieu thereof were not furnished to any enlisted person on the within roll during the period for which the furlough ration allowance is claimed, and that in all cases the enlisted person returned to his assigned station from furlough on the date designated and that in any case where there was an over staying of furlough the delay in reporting for duty has been excused by the officer competent to approve the furlough.

Page 4

CHANGE LIST

..... \$20.00 \$.....

..... 10.00 \$.....

Computed by.....	/
Checked by.....	/
Checkwriter.....	/

Certificate made part of certificate on page 1, eliminating extra signatures.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 10-57061-16

I certify that each enlisted man shown hereon to be entitled to a mustering-out payment was a member of the armed forces and was engaged in active service in the present war; that he was discharged or relieved from active service under honorable conditions after 7 December 1941; that he has not heretofore been paid a mustering-out payment under the Mustering-Out Payment Act of 1944; that each enlisted man shown hereon to be entitled to a mustering-out payment in excess of \$100 performed active service for at least sixty days; that each enlisted man shown hereon to be entitled to a mustering-out payment in the sum of \$300 served outside the continental limits of the United States or in Alaska; and that no enlisted man hereon falls within any of the classes of persons to whom payment is prohibited by section 1(b) of said Act.

ARMY SEPARATION QUALIFICATION RECORD, WD AGO FORM 100 WORK SHEET; COUNSELOR'S INTERVIEW MEMORANDUM, WD AGO FORM 100-1

WORK SHEET - SEPARATION QUALIFICATION RECORD WD AGO FORM 100											
A-LAST NAME - FIRST NAME - MIDDLE INITIAL CARPENTER, LLOYD M.				B-ARMY SERIAL NO. 32 033 197		C-GRADE T/SGT.		D-SDM OF SERV. EMP. YNE.		E-COMP. A.U.S.	
F-DATE OF E.A.D. 30 NOV. 1944		G-LEAVE TAKEN 15		H-LV. ACCRUED 1939		I-570 FR. SEP. CENTER TO HOME PAR. NO. DATE OF ORDER DATE REL'D FR. 20		J-MILEAGE HOME AUTHORIZED TO (CITY - STATE) SAN FRANCISCO, CALIF.			
K-SEPARATION FORM AUTHORIZED WD AGO 53-55				L-REMARKS NONE							
M-PERMANENT ADDRESS FOR MAILING PURPOSES (street and number - city or county - state) 411 HIGHLAND AVENUE, SAN FRANCISCO, CALIF.											
N-CIVILIAN EDUCATION											
HIGHEST GRADE COMPLETED 15		LAST YEAR OF ATTENDANCE 1939		HIGHEST DEGREE RECEIVED B.E.		MAJOR COURSE OF STUDY ENGINEERING		NAME AND ADDRESS OF LAST SCHOOL ATTENDED N.Y.U. SCHOOL OF ENGINEERING			
O-OTHER TRAINING OR SCHOOLING											
NONE											
P-SERVICE EDUCATION											
SERVICE SCHOOL FT. MONMOUTH, N.J.		COURSE RADIO		CREDIT 4		EX EX		ARMY SPECIALIZED TRAINING PROGRAM			
								CURRICULUM AND TERM (COURSE OF TRAINING PERIODS)			
								NONE			
Q-CIVILIAN OCCUPATIONS											
R-MAIN OCCUPATION (TITLE) ELECTRICAL ENGINEERING						S-SECONDARY OCCUPATION (TITLE)					
T-JOB SUMMARY DID SPECIAL WORK IN DESIGNING ELECTRICAL EQUIPMENT SUCH AS DYNAMOS, SWITCHES, CABLES, SWITCHBOARDS, RADIO EQUIPMENT AND COMMUNICATIONS SYSTEMS						U-JOB SUMMARY					
V-NO. OF LAST YEARS' EMPLOYMENT 1						W-DATE OF EMPLOYMENT 15 NOV. 40					
X-NAME AND ADDRESS OF EMPLOYER NEW YORK TELEPHONE CO.						Y-NAME AND ADDRESS OF EMPLOYER					
Z-DATE OF SEPARATION 24 NOV. 1944											

COUNSELOR'S INTERVIEW MEMORANDUM											
LAST NAME - FIRST NAME - MIDDLE INITIAL CARPENTER, LLOYD M.								DATE 24 NOV. 1944			
TESTS											
TEST	DATE	STAND. SCORE	LOW	MED	HIGH	TEST	DATE	STAND. SCORE	LOW	MED	HIGH
AGCT (1A)	1 DEC. 40	138			X						
MA	12 JUNE 42	131			X						
ENTRIES UNDER ITEMS 2, 3 AND 4 ARE JUDGMENTS OF THE COUNSELOR											
(2) SUGGESTED ADDITIONAL SCHOOLING OR TRAINING											
COURSE IN COMMERCIAL RADIO ENGINEERING											
(3) SUGGESTED FIELD OF WORK											
RADIO BROADCASTING ENGINEERING											
(4) REMARKS MAN PLANS TO SEEK EMPLOYMENT IN RADIO BROADCASTING BASED ON CIVILIAN EXPERIENCE AS ELECTRICAL ENGINEER AND SERVICE EXPERIENCE IN RADIO REPAIR AND CONSTRUCTION											
Albert A. Foster COUNSELOR, CIVILIAN											

NOTE: WD AGO Form 100, Work Sheet is completed in interview with dischargee and reference to Soldiers Qualification Card, for use in preparing typewritten copy of WD AGO Form 100. WD AGO 100-1 is prepared by the Separation Classification Officer for each man who indicates a desire for vocational counseling.

ARMY SEPARATION QUALIFICATION RECORD

WD AGO FORM 100

ARMY SEPARATION QUALIFICATION RECORD									
LAST NAME - FIRST NAME - MIDDLE INITIAL Carpenter Lloyd M			ARMY SERIAL NUMBER 32 033 197		GRADE T/Sgt	DATE OF ENTRY INTO ACTIVE SERVICE 30 Nov 40	SEX M	DATE OF BIRTH 28 Aug 1915	
PERMANENT ADDRESS FOR MAILING PURPOSES (Street and Number - City - County - State) 411 Highland Ave. San Francisco, San Mateo, California									
CIVILIAN EDUCATION									
HIGHEST GRADE COMPLETED 15	LAST YEAR OF ATTENDANCE 1939	HIGHEST DEGREE RECEIVED B.E.	MAJOR COURSE OF STUDY Engineering			NAME AND ADDRESS OF LAST SCHOOL ATTENDED N.Y.U. School of Engineering			
OTHER TRAINING OR SCHOOLING									
None									
SERVICE EDUCATION									
SERVICE SCHOOL Ft Monmouth NJ		COURSE Radio		WES. RATING 4 Ex	ARMY SPECIALIZED TRAINING PROGRAM				
					None				
CIVILIAN OCCUPATIONS									
MAIN OCCUPATION (TITLE) Electrical Engineer					SECONDARY OCCUPATION (TITLE)				
JOB SUMMARY Did specialized work in designing electrical equipment such as dynamos, switches, cables, switchboards, radio equipment and communication systems.					JOB SUMMARY				
NO. OF LAST YEARS HERE 1	DATE OF EMPLOYMENT 15 Nov 40	NAME AND ADDRESS OF EMPLOYER New York Telephone Co. New York, N. Y.			NO. OF LAST YEARS HERE 1	NAME AND ADDRESS OF EMPLOYER			
MILITARY SPECIALTIES									
YEARS	MONTHS	GRADE	PRINCIPAL DUTY		ARMY CODE NO.	YEARS	MONTHS	GRADE	PRINCIPAL DUTY
3		Pvt	Basic training		521				
3	8	T/Sgt	Radio Repairman		174				
SUMMARY OF MILITARY OCCUPATION AND CIVILIAN CONVERSIONS (Shown by title)									
Radio Repairman Installed, tested and repaired radio transmitting and receiving instruments and related equipment in connection with the maintenance of Army communications. Used various testing meters and devices; isolates defects and repairs or replaces them.					Electrical engineer Radio engineer Radio operator				
SUMMARY OF MILITARY OCCUPATION AND CIVILIAN CONVERSIONS (Shown by title)									
If original is lost or destroyed, no reproduction is possible; no copy is retained by the War Department.									
* THIS INFORMATION BASED ON SOLDIER'S STATEMENT. (Indicate by * any items not supported by military records)									
DATE OF SEPARATION 24 Nov 1944		SIGNATURE OF SOLDIER <i>Lloyd M. Carpenter</i>				SIGNATURE OF SEPARATION CLASSIFICATION OFFICER <i>Albert A. Foster</i> ALBERT A. FOSTER 1st Lt., AUD			
W.D., A.G.O. FORM NO. 100 15 July 1944									

To Dischargee

To Veterans
Administration
Area or
Regional OfficeStamp or type
this statement.

- NOTES:**
1. If soldier is discharged on CDD, Veterans Administration copy is sent to the Veterans Administration Area Office.
 2. If discharged other than CDD, Veterans Administration copy is sent to Veterans Administration Regional Office, nearest contemplated residence of dischargee.
 3. If an interview with the soldier is not practicable, complete Form 100 from WD AGO Forms 20 and 24, and state in signature box "Form completed from Forms 20 and 24. No interview."

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL

WD AGO FORM 38

REFERENCE: CIRCULAR 333, WD 1944

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL
PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

61252

1. Last name—First name—Middle initial
Marshall John M

2. Army Serial No.
12 345 678

3. Grade
Pvt

4. Segment, arm, or service
Ord Unasgd

5. Permanent mailing address
215 High Street Hartford Conn.

6. Color
W

7. Age in years
24

8. Sex
M

9. Syphilis in S/S? Yes or No
No

10. Register closed in S/S? Yes or No
No

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

11. Are you, at the present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, set those conditions first under item 11.

12. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

Fracture of left leg in 1934

RECORD OF PHYSICAL EXAMINATION

13. Psychiatric Diagnosis
None

14. Neurological Diagnosis
Negative

15. Eye abnormalities
None

16. Ear, nose, throat abnormalities
None

17. Skin
Normal

18. Venereal disease
None

19. Hemorrhoids
None

20. Genito-urinary (and pelvic for women)
Normal

21. Venereal disease
None

22. Feet
Normal

23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by X, missing natural teeth by X, teeth replaced by denture (horizontal line over) X as X X X and teeth replaced by fixed bridge (oval to include abutment) as (4,5,6)

24. Mouth and gum abnormalities
None

25. Musculoskeletal defects
Well healed

26. Dental problems, serviceability.
None

27. Vision
Uncorrected

REPORT OF BOARD OF REVIEW
(See instruction 2)

From a careful consideration of the case and a critical examination of the enlisted person, we find that:

1. He meets physical and mental standards for discharge.

2. He meets physical and mental standards for discharge except as follows:

3. The defect, wound, injury, or disease is likely to result in untimely death.

4. The defect, wound, injury, or disease is likely to result in permanent disability.

5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

ARMY SEPARATION SEROLOGY REPORT

A 61252

1. Last name—First name—Middle initial
Marshall John M

2. Army serial No.
12 345 678

3. Grade
Pvt

4. Segment, arm, or service
Ord Unasgd

5. Permanent mailing address
215 High Street Hartford Conn.

6. Color
W

7. Age in years
24

8. Sex
M

9. Syphilis in S/S? Yes or No
No

10. Register closed in S/S? Yes or No
No

Blood for serology of the above-named individual forwarded for examination: (Date)

Findings:
Sero: report
Examined by
Date

TREATED IN ARMY (Indicate by check)

(1) Malaria Yes No

(2) Syphilis Yes No

SPECIAL LABORATORY EXAMINATIONS

A 61252

TO: Examination For: Findings:

X-Ray
E. E. G.
B. M. R.
Blood enzymes
Blood chemistry
Blood count
Urine
Feces
Others

Urinalysis

Examiner
Date
20 NOV 1944

Complete and return for entry on Form 38. Do not file.

SPECIAL LABORATORY EXAMINATIONS

A 61252

TO: Examination For: Findings:

X-Ray
E. E. G.
B. M. R.

Fract tibia

- NOTES:** 1. WD AGO Form 38, Report of Physical Examination, is used for final type physical examination in discharges or releases from active duty other than discharge under AR 615-361 (CDD) in which case WD AGO Form 40 is used.
2. The AGO copy will be forwarded with the Service Record and allied papers.

PREVIOUS EMPLOYER CARD

WD AGO FORM 519

HEADQUARTERS Tilton General Hospital, Fort Dix, N. J.			REFERENCE: CIR. 424, WD 1944
NAME Lloyd M. Carpenter	DATE OF BIRTH 28 Aug 1915	DATE OF SEPARATION 24 Nov 1944	

In order to assist military personnel to return systematically to gainful civilian occupations, you are informed that the individual named above has been separated from the service.

This card is intended as a service both to the veteran and to his previous employer. The veteran has received complete data with respect to his military service. It is therefore urged that no correspondence be entered into with the commanding officer of the installation named above. Correspondence, if unavoidable, should be addressed to "The Adjutant General, War Department, Washington 25, D. C."

PREVIOUS EMPLOYER CARD

W. D., A. G. O. Form No. 519
1 September 1944

16 11126-1 GPO

NOTE: If dischargee was employed at time of entry into the military service WD AGO Form 519, Previous Employer Card, will be prepared and mailed to organization which employed the dischargee at time of entry into service.

IDENTIFICATION DISCHARGE CERTIFICATE

Prepared by Separation Classification Interviewer	IDENTIFICATION DISCHARGE CERTIFICATE Certificate of Army, Navy, Marine Corps or Coast Guard Officer THE HOLDER is traveling at own expense and is entitled to SPECIAL COACH FARE authorized account; (a) Discharge, or (b) Retirement or release from active duty and not entitled to travel on transportation requests; if presented within 30 days from date of discharge, retirement or release. From <u>Fort Dix New Jersey</u> (Place of discharge, retirement or release) To <u>San Francisco California</u> (Home or place of enlistment or induction, or place of employment) <u>24 November 1944</u> (Date of discharge, retirement or release) <i>[Signature]</i> (Signature of certifying officer.) O. WEXLER, 1st Lt. MAC ASST. AGO, Tilton General Hosp (Rank and organization on account of which issued.) Ticket Agent will take up this Certificate, noting thereon form and number of ticket issued, and forward with ticket report to Auditor, stamping back hereof with regular ticket date. When this certificate is properly executed and presented with officially executed discharge, retirement or release papers, it becomes a specific request of the United States Government that the holder when traveling at own expense, be authorized to purchase a one-way coach ticket at the special reduced fare authorized, account discharge or retirement or release. The United States Government will not be responsible for the payment of fare for ticket issued in accordance with this certificate.	REFERENCE: CIR. 358, WD 1944
--	--	------------------------------

Signed by Personnel Officer

NOTE: Identification Discharge Certificate is prepared and given to dischargee if he desires to obtain the special fare one-way coach ticket to the place of enlistment or induction or his chosen place of employment. (See Circular 358, WD 1944.)

NOTATION OF DISCONTINUANCE OF ALLOTMENTS IN SERVICE RECORD

9

NATIONAL SERVICE LIFE INSURANCE
~~GOVERNMENT INSURANCE~~
 ALMT N.S.L.
 Discontinuation of pay for Government Insurance authorized as follows:
 Class N insurance deduction of \$ 7.90 per month, commencing DEC 1 1943, and expiring INDEF. months,
 for payment of monthly premium discontinued 19 by DISCHARGED
 reason W. D. A. G. O. Form No. 30, mailed to Veterans' Administration, Washington, D. C., on 1943
 by (Name and grade of forwarding officer)

10

CLASS F
22.00 per month for — months, commencing MARCH 43 and expiring INDEF. 1943
CARR PENTER for purpose of SUPPORT
 Discontinued 19 by DISCHARGED
 reason W. D. A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 1943
 by (Name and grade of forwarding officer)
 Acknowledgment of discontinuance received 19

CLASS E ALLOTMENTS
 Class E allotments of pay authorized as follows:
\$10.00 per month for INDEF. months, commencing JUNE 1 1943 and expiring — 1943
NAT. BANK, SAN FRANCISCO for purpose of MERCHANT'S
 Discontinued 19 by DISCHARGED
 reason W. D. A. G. O. Form No. 30, mailed to Finance Officer, U. S. Army, Washington, D. C., 1943
 by (Name and grade of forwarding officer)
 Acknowledgment of discontinuance received 19

NOTE: Allotments will be closed out by stamping one of the following legends diagonally across the allotment entries in the Service Record:
 "Discharged" — if discharged
 "Released — ERC" — if transferred to Enlisted
 "Released — NG" — if reverted to the National Guard.

EXTRACT FROM SERVICE RECORD WD AGO FORM 25

NOTE: Extract from Service Record will not be prepared for any discharge or release from active duty when Form 53 series is prepared. Distribution of Form 53 series will serve to notify all interested agencies. See CDD Transfer Order following to transfer personnel from attached status to attached unassigned.

EXTRACT FROM SERVICE RECORD
 (See Sec. III AR 345-125) OF
 Last Name First Name Middle Initial Army Serial Number
 Civilian Address—Street and Number
 Civilian Address—City and State
 Date Ind. or Current Enl. Civilian Occupation 1. Army Civilian Spec. Serial No. 2 AGCT Grade
 Date of Birth Height Ft. Weight Color Eyes Color Hair Race
 PRIOR SERVICE
 Co., rest, arm or service from to
 Discharged as Character Days lost under W107
 By reason
 *Fill in only when event occurred since last transfer.
 W. D. A. G. O. Form No. 25, 2 August 1943
 This form supersedes W. D. A. G. O. Form No. 25, 23 April 1942, which may be used until existing stocks are exhausted. 16-37246-1

**FINAL INDORSEMENT IN SERVICE RECORD--
DISPOSITION OF FINAL INDORSEMENT COPY OF
WD AGO FORM 53 SERIES**

22
7th Ind.

To _____, 19____
This soldier was transferred to _____
per _____
and left this organization _____, 19____
He was last paid to include _____, 19____
by _____
(Name and grade of finance officer or agent, if any)
Due United States; if nothing, so state _____

at _____ authority _____
(Place)
Retained in service _____ days to make good time lost (A, W, M, Y)
Absent from duty _____ days subsequent to normal date of expiration
Retained in service _____ days for convenience of the Government as _____

His character is _____
Efficiency rating as soldier _____
*Final statement furnished, *Paid on final pay roll.
*Discharge certificate furnished, W. D. A. G. O. Form No. 23, 24, 25.
Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier has _____ a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____
His character is _____
Efficiency rating as soldier _____
I have personally verified all entries in this indorsement.

(Name)
(Grade and organization)
This soldier reported _____, 19____

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
*Strike out words not applicable.
16-52220-1

23
FINAL INDORS

To The Adjutant General:

(Last name) (First name) (Middle initial)
(Grade) (Other)
was separated from the service by reason of _____
(State specific)
AB 245-125

at _____ authority _____
(Place)
Retained in service _____ days to make good time lost (A, W, M, Y)
Absent from duty _____ days subsequent to normal date of expiration
Retained in service _____ days for convenience of the Government as _____

His character is _____
Efficiency rating as soldier _____
*Final statement furnished, *Paid on final pay roll.
*Discharge certificate furnished, W. D. A. G. O. Form No. 23, 24, 25.
Due United States; if nothing, so state _____

* Due soldier at date of _____

This soldier has _____ a Class E allotment running which has been deducted from his pay to include _____, 19____

This soldier has authorized a Class D deduction for Government insurance which has been deducted from his pay to include _____, 19____
His character is _____
Efficiency rating as soldier _____
I have personally verified all entries in this indorsement.

(Name)
(Grade and organization)
This soldier reported _____, 19____

*Here enter any amounts due soldier and not paid to date, such as monetary allowance in lieu of quarters and subsistence; if nothing, so state.
*Strike out words not applicable.
16-52220-1

DISCHARGED

PAY DATA
1. PAYMENT AMOUNT \$156.65
2. PAYMENT DATE 30 NOV 43
3. PAYMENT TYPE 156.65
4. PAYMENT TYPE 156.65
5. PAYMENT TYPE 156.65
6. PAYMENT TYPE 156.65
7. PAYMENT TYPE 156.65
8. PAYMENT TYPE 156.65
9. PAYMENT TYPE 156.65
10. PAYMENT TYPE 156.65
11. PAYMENT TYPE 156.65
12. PAYMENT TYPE 156.65
13. PAYMENT TYPE 156.65
14. PAYMENT TYPE 156.65
15. PAYMENT TYPE 156.65
16. PAYMENT TYPE 156.65
17. PAYMENT TYPE 156.65
18. PAYMENT TYPE 156.65
19. PAYMENT TYPE 156.65
20. PAYMENT TYPE 156.65
21. PAYMENT TYPE 156.65
22. PAYMENT TYPE 156.65
23. PAYMENT TYPE 156.65
24. PAYMENT TYPE 156.65
25. PAYMENT TYPE 156.65
26. PAYMENT TYPE 156.65
27. PAYMENT TYPE 156.65
28. PAYMENT TYPE 156.65
29. PAYMENT TYPE 156.65
30. PAYMENT TYPE 156.65
31. PAYMENT TYPE 156.65
32. PAYMENT TYPE 156.65
33. PAYMENT TYPE 156.65
34. PAYMENT TYPE 156.65
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1st Lt. M.C. GH
O. WEXLER
Asst. 1st Lt. GH

22. November 22, 1943

1. PAYMENT AMOUNT \$156.65
2. PAYMENT DATE 30 NOV 43
3. PAYMENT TYPE 156.65
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NOTES: 1. Final indorsement page will be stamped as follows:

"Discharged" — if discharged

"Released — ERC" — if transferred to enlisted Reserve Corps

"Released - NG" — if reverted to the National Guard.

2. Final indorsement copy of WD AGO Form 53 Series will be stapled to final indorsement page of Service Record.

INDIVIDUAL REPORT OF ENLISTED RESERVIST WD AGO FORM 167

INDIVIDUAL REPORT OF ENLISTED RESERVIST			
Marshall	John	M	Pvt Ord
(Last name)	(First name)	(Middle name)	(* Grade and organization or section)
† Permanent address: † 215 High Street Hartford Conn.			
(House number and street, or rural route) (Town) (State)			
† Temporary address: †			
(House number and street, or rural route) (Town) (State)			
† Old	† Old address: †		
	(House number and street, or rural route) (Town) (State)		
	† New address: †		
	(House number and street, or rural route) (Town) (State)		
† New	Date 1 May, 1945. (Signature)		
	* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C." † Leave space blank if data are not required by report, or there are none to enter. † See paragraph 34, AR 150-5. † See paragraph 20, AR 150-5. W. D., A. G. O. Form No. 167 March 31, 1942		
Date	No. 1 16-13645-1 U. S. GOVERNMENT PRINTING OFFICE		
	(Signature)		
	* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C." † See paragraph 20, AR 150-5. W. D., A. G. O. Form No. 167 March 31, 1942		
	No. 2 16-13645-1 U. S. GOVERNMENT PRINTING OFFICE		

- NOTES: 1. Given to persons being transferred to Enlisted Reserve Corps for use in reporting changes of address to Commanding General of Service Command of residence.
2. Additional copies mailed to Reservist by Commanding General of Service Command for completion and report by 1 May and 1 November of each year.

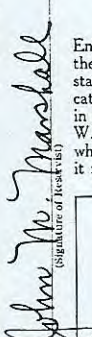
IDENTIFICATION CARD, ERC WD AGO FORM 166

REFERENCE: AR 150-5

IDENTIFICATION CARD—ENLISTED RESERVE CORPS	
This is to Certify, That John M. Marshall Pvt Ord	
(Name) (Grade) (Arm or service)	
Serial No. 12 345 678	Home address Hartford, Conn.
	(City) (State)
was transferred to } * grade shown in the	
Enlisted Reserve Corps of the Army of the United States, on the 21st day of	
November one thousand nine hundred and forty-four	
for the period of Indefinite. When transferred } * he was 24 years of age, and	
by occupation a plumber. He has brown eyes, black	
hair, ruddy complexion, and is 5 feet 4 inches in height.	
Dates of immunization: Smallpox 1 Dec 42 Typhoid 1 Dec 42	
Other Tetanus 1942 Blood type	
HON	
Given at Headquarters Fort Dix, New Jersey, this	
21st day of November, one thousand nine hundred and forty-four	
* Cross out words not applicable.	
FOR THE COMMANDING OFFICER Francis Jones	
W. D., A. G. O. Form No. 166—October 22, 1942 FRANCIS JONES, Capt. AGC	
(Over) Personnel Officer	

INSTRUCTION

Immediately Enlisted Reserve the commanding stating his new pl cate copy of the r in the event he W. D., A. G. O. I which may be obt it may be by lette Right thumb print




Photograph optional



NOTE: Prepared for enlisted personnel being transferred to the ERC only.

INDIVIDUAL REPORT OF ENLISTED RESERVIST WD AGO FORM 167

INDIVIDUAL REPORT OF ENLISTED RESERVIST			
Marshall	John	M	Pvt Ord
(Last name)	(First name)	(Middle name)	(* Grade and organization or section)
† Permanent address: † 215 High Street Hartford Conn.			
(House number and street, or rural route) (Town) (State)			
† Temporary address: †			
(House number and street, or rural route) (Town) (State)			
† Old address: †			
(House number and street, or rural route) (Town) (State)			
† New address: †			
(House number and street, or rural route) (Town) (State)			
Date 1 May, 1945. (Signature)			
* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."			
† Leave space blank if data are not required by report, or there are none to enter.			
† See paragraph 34, AR 150-5.			
† See paragraph 20, AR 150-5.			
W. D., A. G. O. Form No. 167			
March 31, 1942			
No. 1		16-13645-1 U. S. GOVERNMENT PRINTING OFFICE	
Date (Signature)			
* Insert grade and organization or section, e. g., "Corp., Co. A, 301st Inf." or "Corp., Q. M. C."			
† See paragraph 20, AR 150-5.			
W. D., A. G. O. Form No. 167			
March 31, 1942			
No. 2		16-13645-1 U. S. GOVERNMENT PRINTING OFFICE	

- NOTES: 1. Given to persons being transferred to Enlisted Reserve Corps for use in reporting changes of address to Commanding General of Service Command of residence.
2. Additional copies mailed to Reservist by Commanding General of Service Command for completion and report by 1 May and 1 November of each year.

IDENTIFICATION CARD, ERC WD AGO FORM 166

REFERENCE: AR 150-5

IDENTIFICATION CARD—ENLISTED RESERVE CORPS	
This is to Certify, That John M. Marshall Pvt Ord	
(Name) (Grade) (Arm or service)	
Serial No. 12 345 678 Home address Hartford, Conn.	
(City) (State)	
was transferred to } * grade shown in the	
Enlisted Reserve Corps of the Army of the United States, on the 21st day of	
November one thousand nine hundred and forty-four	
for the period of Indefinite. When transferred } * he was 24 years of age, and	
by occupation a plumber. He has brown eyes, black	
hair, ruddy complexion, and is 5 feet 4 inches in height.	
Dates of immunization: Smallpox 1 Dec 42 Typhoid 1 Dec 42	
Other Tetanus 1942 Blood type	
HON	
Given at Headquarters Fort Dix, New Jersey, this	
21st day of November, one thousand nine hundred and forty-four	
* Cross out words not applicable.	
FOR THE COMMANDING OFFICER Francis Jones	
W. D., A. G. O. Form No. 166—October 22, 1942 FRANCIS JONES, Capt. AGC	
(Over) Personnel Officer	

INSTRUCTION

Immediately Enlisted Reserve the commanding stating his new pl state copy of the in the event he W. D., A. G. O. I which may be ob it may be by lette Right thumb print

John M. Marshall
(Signature of Reservist)



Photograph optional

16-22066-2 GPO

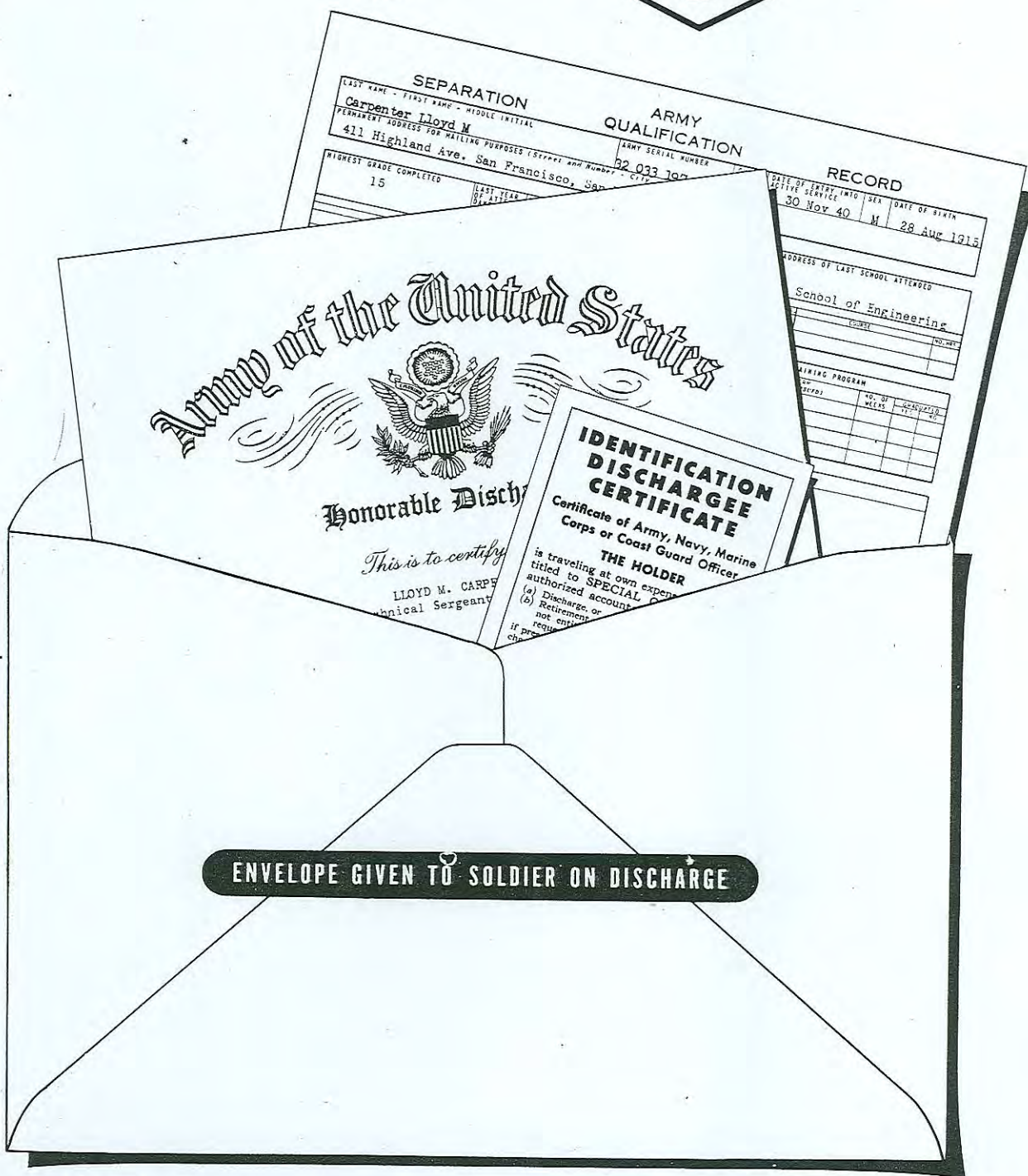
NOTE: Prepared for enlisted personnel being transferred to the ERC only.

LAPEL BUTTON AND RECORDS TO BE GIVEN TO DISCHARGEE ON SEPARATION OR RELEASE

LAPEL BUTTON



PATCH



ENVELOPE GIVEN TO SOLDIER ON DISCHARGE

CHAPTER 2

DISCHARGE BECAUSE OF DISABILITY

3. Many major changes in procedure covering discharge because of disability have been made. To carry out these changes effectively, a time schedule has been established which provides that the patient be discharged on the morning of the third day after the Board of Medical Officers has recommended discharge.

4. Major changes in procedure are as follows:

a. The method of requesting clinical records from other hospitals and the photostat of the original report of physical examination on entrance into the military service has been simplified.

b. The transfer of a patient to the Personnel Section, Station Complement, or Detachment of Patients, is effected as soon as it is anticipated by the Ward Officer that the patient will go before a C.D.D. Board. To accomplish this, a new form has been designed, "Diagnosis Slip" WD AGO Form No. 176 (Tentative). Pending publication of WD AGO Form 176, hospitals may reproduce this form locally. If the discharge is not approved, the patient is reassigned to duty with his former organization or is assigned in accordance with directives.

c. Only the original of WD AGO Form 40 will be signed by the President and Recorder of the C.D.D. Board. The Personnel Officer will sign all copies certifying them as true copies of the original.

d. The Patients Property Slip, WD AGO Form 8-111, has been redesigned to meet more adequately current requirements. Pending publication of the new form, the WD AGO Form 8-111, dated 13 June 1944, will be used. Use of Patients Property Slip, MD 75, will be discontinued.

5. In order to accomplish discharge within 72 hours, it is necessary that all steps in the discharge process be completed in accordance with the C.D.D. Time Schedule. The following are key steps, since subsequent operations cannot be started until these are completed:

a. Prompt submission of the Diagnosis Slip, WD AGO Form 176 (Tentative), noting anticipated cases to be discharged on C.D.D.

b. Prompt transfer of patient to the Station Complement or Detachment of Patients, once C.D.D. is anticipated, if such action has not already taken place.

c. Form 40 will be prepared, completed and signed by members of the C.D.D. Board before the board adjourns.

d. A list of cases approved for discharge will be prepared and distributed the day the C.D.D. Board meets.

e. The final payroll will be prepared the day after the C.D.D. Board meets and action taken to complete the other personnel records.

f. Action will be taken to furnish each dischargee the opportunity to file a claim with the Veterans Administration and to insure that all rights and benefits from that organization have been fully explained to the soldier.

g. Passes will not be issued after the patient appears before the C.D.D. Board.

6. Prompt and speedy cooperation must be assured between all interested parties in order to guarantee the expedition of the various actions to be completed to effect separation from the service.

TIME SCHEDULE FOR

ACTION TAKEN BY	AFTER ADMISSION	DAY PRIOR TO BOARD MEETING
WARD OFFICER	- Prepares Diagnosis Slip within 24 hours after admission of patient. - Orders X-Rays or other laboratory examinations if necessary. - Notifies AAF Liaison Officer of contemplated disposition of AAF patients and arranges interview to obtain necessary concurrence. - Prepares CDD Work Sheet, completes Clinical Records, submits with CDD Work Sheet through Chief of Service to CDD Board.	
REGISTRAR	- Receives Diagnosis Slip and checks for those cases in which CDD is contemplated. - Types and transmits CDD Transfer Order & Request for Photostat without delay. Requests clinical records from other Army hospitals. - Clarifies line of duty status when necessary. - Sends letter and affidavits to nearest relative regarding mentally incompetent cases suitable for home care, if necessary. - Requests designation of VA facilities in those cases to be transferred to care of VA.	
CDD BOARD		- President or Secretary of Board requests Form 40's from Personnel Section for those men to appear before the board.
ENLISTED MAN'S FORMER ORGANIZATION	- Within 48 hours after receipt of CDD Transfer Order completes Service Record, allied papers and clothing clearance and transmits. - Drops from morning report on effective date of transfer. - If soldier already attached to Detachment of Patients of Hospital, upon receipt of transfer order — drops from Morning Report as transferred and attached unassigned to Detachment of Patients or Station Complement.	
PERSONNEL SECTION	- Personnel Officer signs CDD transfer order and transmits to man's former organization. - Picks man up on Morning Report on effective date of transfer. - Checks records for accuracy and completeness upon receipt. - Checks clothing account.	- Upon receipt of phone call or message, prepares Form 40's (from Service Record) for those men to be boarded.
INTERVIEWERS		
DISBURSING OFFICER		
C.O. OF HOSPITAL OR DESIGNEE (STATION AND CONVALESCENT HOSPITAL ONLY)		
C.O. POST, CAMP OR STATION, OR DESIGNEE (C.O. OF GENERAL OR REGIONAL STATION HOSPITAL)		

PROCESSING MEDICAL DISCHARGES

DAY BOARD MEETS	AFTER BOARD MEETS		
	FIRST DAY	SECOND DAY	THIRD DAY
- Arranges for patient to appear at CDD Board meeting.		- Prepares patient to leave on morning of third day.	
- Receives Form 40, Clinical Record, and Work Sheet. - Checks Form 40 for accuracy and completeness. - Initials all copies Form 40. - Transmits copy 1, Form 40, to approving authority for signature. - Transmits copy 2 and 3 to Personnel Section. - Prepares and distributes list of approved cases.	- Receives Pension Application or statement for Veterans Administration. - Arranges for attendants and transportation for those patients to be discharged to custody of parents or relatives or to be transferred to a Veterans Administration facility.		- Assembles records to be transmitted to Veterans Administration area office or facility. - Sends records to Veterans Administration area office or facility within 24 hours after patient leaves hospital.
- Checks clinical records and work sheet for completeness. - Approves or disapproves CDD, and determines if additional hospitalization is necessary. - Clerk completes Form 40 from approved work sheet while Board is meeting. - President and Recorder sign Form 40's for all approved cases before leaving.			
	- Receives copies 2 and 3, Form 40. - Checks soldier's clothing for shortages; checks in clothing soldier is not authorized to retain. - Interviews dischargee to secure further information necessary to prepare report for separation. - Gives soldier WD Pamphlet 21-4. - Prepares: Form 30-S, Form 371, and Form 53-55 or 53-56.	- Signs copy 1, Form 40, certifies copies 2 and 3 as true copies. - Sends signed discharge certificate to Disbursing Officer for entry of financial items on report of separation.	- Prepares Enlisted Man for discharge. - Checks to see he is properly clothed. - Gives him Form 100, Form 100-1 and Lapel Button. - Prepares all necessary records for transmittal to AGO within 48 hours after discharge.
	- Red Cross worker picks up CDD work sheets from Registrar. - Aids man in preparing VA Form 526, or statement that soldier does not wish to file claim. - Returns CDD work sheet to Registrar. - Separation Classification Officer interviews soldier, prepares WD AGO Form 100, 100-1, 519 and other papers. - Gives soldier various tests and vocational counseling if desired.	- Veterans Administrative Contact Representative, if present, explains GI Bill of Rights to dischargee and assists him with other questions pertaining to Veterans Benefits and Insurance. - United States Employment Service, War Manpower Commission, and representatives from other agencies, if present, may interview dischargee and explain employment opportunities, etc.	
	- Receives Final Payment Roll late on first day or early on second day from Personnel Officer and starts computation.	- Computes pay roll.	- Gives man his Discharge Certificate. - Pays Enlisted Man (if mentally competent) in morning so man can leave post early in day.
	- Signs original Form 40.		
	- Signs original Form 40.	- Signs Discharge Certificate.	

DISCHARGE BECAUSE

DOCUMENT	WARD OFFICER	OFFICE OF THE REGISTRAR	
		PREPARATION	DISTRIBUTION
SECTION 1—INITIATION OF CDD CASE			
PATIENTS PROPERTY SLIP WD AGO FORM 8-111	1 WD AGO 8-111 2 WD AGO 8-111 PATIENTS PROPERTY SLIP Soldier — Lists all clothing and other property in EM's possession at time of admission to the hospital. — Copy 1 used in clearing clothing at time of discharge. — Copy 2 is patient's receipt for property stored in baggage room or ward clothing room.		
	WD AGO 8-176 DIAGNOSIS SLIP — Prepares within 24 hours after admission to the hospital. Revised slip submitted upon any change in anticipated disposition. — See Note 2 relative to Army Air Force personnel.	1 WD AGO 8-176 DIAGNOSIS SLIP — If slip indicates that disposition is to be CDD, action indicated in Section 2 or Section 2A is taken.	WD AGO 8-176 DIAGNOSIS SLIP — Files File
SECTION 2—REQUESTING ORIGINAL INDUCTION RECORD			
REQUEST FOR PHOTOSTAT OF PHYSICAL EXAMINATION		1 REQUEST 2 REQUEST WORK FILE COPY — Requests photostat of original report of physical examination on entrance into military service. — See Note 3.	1 REQUEST 2 REQUEST WORK FILE COPY — Copies 1 and 2 sent to The Adjutant General. — Work File copy sent to Personnel Section.
SECTION 2A—REQUESTING INDUCTION RECORD—TRANSFER ORDER			
TRANSFER ORDER AND REQUEST FOR PHOTOSTAT COPY 1—TRANSFER ORDER COPY 2—TRANSFER ORDER COPY 3—TRANSFER ORDER COPY 4—REQUEST FOR PHOTOSTAT COPY 5—REQUEST FOR PHOTOSTAT COPY 6—WORK FILE COPY		1 TRANSFER ORDER 2 TRANSFER ORDER 3 TRANSFER ORDER 4 REQUEST 5 REQUEST 6 WORK FILE COPY — Directs transfer of enlisted man from his former organization to station complement of detachment of patients, and requests photostat of original report of physical examination on entrance into service. — See Note 3.	1 TRANSFER ORDER 2 TRANSFER ORDER 3 TRANSFER ORDER 4 REQUEST 5 REQUEST 6 WORK FILE COPY — Copies 1, 2 and 3 sent to Personnel Section. — Copies 4 and 5 sent to The Adjutant General's Office. — Work File copy sent to Personnel Section.

OF DISABILITY

PERSONNEL SECTION

FORMER UNIT OR
ORGANIZATION OF PATIENTTHE ADJUTANT GENERAL
WASHINGTON, D. C.

1
WD AGO 8-111
PATIENTS PROPERTY
SLIP

- Uses in clearing man of his clothing at time of discharge. (See Note 1.)

NOTE 1

Clearance of an enlisted man's clothing account may be effected:

- A. by the Unit Personnel Section of the Station Complement (or Detachment of Patients), or
- B. by the enlisted man's former organization.
- (1) When all the enlisted man's clothing and equipment is taken to the hospital prior to his discharge, the Unit Personnel Section (or Detachment of Patients) will effect clearance based on WD AGO Forms 32 and 8-111.
 - (2) When only part of the enlisted man's clothing and equipment is taken to the hospital and the balance remains with his former organization, the organization will record as "turned in" on Form 32, items not taken to the hospital. The Unit Personnel Section (or Detachment of Patients) will subsequently credit the man with those items which he has with him.
 - (3) Shortages under (A) and (B) above will be adjusted by a statement of charges or by report of survey in accordance with AR 615-40.
 - (4) Clothing and equipment turned in will be disposed of in accordance with procedures set forth in AR 615-40 and WD TM 38-403.

NOTE 2

Army Air Forces Personnel. Ward Officer will notify the Army Air Forces Liaison Officer of any AAF personnel who are to appear before the CDD board, so that he may concur in mode of disposition, for the AAF.

NOTE 3

- A. If soldier is already on "attached unassigned" status and Service Records have been received by Personnel Section, action indicated in Section 2 will be initiated.
- B. If soldier has not been transferred, or is on "attached" status, action indicated in Section 2A below will be initiated.

WORK FILE COPY

File

- Used as check list and suspense copy.

1
TRANSFER ORDER
2
TRANSFER ORDER
3
TRANSFER ORDER

File

1
TRANSFER ORDER
2
TRANSFER ORDER

- Takes action to effect transfer
- Drops man from morning report.

6
WORK-FILE COPY

Retains

- Personnel Officer signs copy 1.
- Copy 3 is used by morning report clerk to pick up man on morning report.
- Work File copy used as check list and suspense copy. Destroyed on discharge of soldier.

1
REQUEST
2
REQUEST FOR
PHOTOSTAT

Retains

- Copy 1 used as searcher's file copy.
- Copy 2 used in transmitting photostat to Requesting Hospital. (See Sec. 7.)

4
REQUEST
5
REQUEST FOR
PHOTOSTAT

Retains

- Copy 4 used as searcher's file copy.
- Copy 5 used in transmitting photostat to Requesting Hospital. (See Sec. 7.)
- Transmits photostat to Requesting Hospital. (See Sec. 7.)

DISCHARGE BECAUSE

DOCUMENT	WARD OFFICER	CHIEF OF SERVICE	PRESIDENT OR SECRETARY OF CDD BOARD	CERTIFICATE OF DISABILITY DISCHARGE BOARD
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SECTION 3—REQUESTING CLINICAL RECORDS FROM OTHER ARMY HOSPITALS

REQUEST FOR CLINICAL RECORDS OF PREVIOUS HOSPITALIZATION FOR MEN TO BE DISCHARGED ON CDD

CLINICAL RECORD

— Files with current clinical record.

SECTION 4—ACTION BY WARD OFFICER AND CDD BOARD

CLINICAL RECORDS

CDD WORK SHEET

CLINICAL RECORD

CDD WORK SHEET

— Initiates CDD Work Sheet from clinical records.

CLINICAL RECORD
CDD WORK SHEET

— Approves, disapproves or changes.

CLINICAL RECORD
CDD WORK SHEET

— Upon receipt, President or Secretary of Board takes action noted below, calls Personnel Section and gives names of men to be seen by the board.

TELEPHONE CALL

— Calls Personnel Section.

1 WD AGO 40
2 WD AGO 40
3 WD AGO 40
4 CERTIFICATE OF DISABILITY FOR DISCHARGE

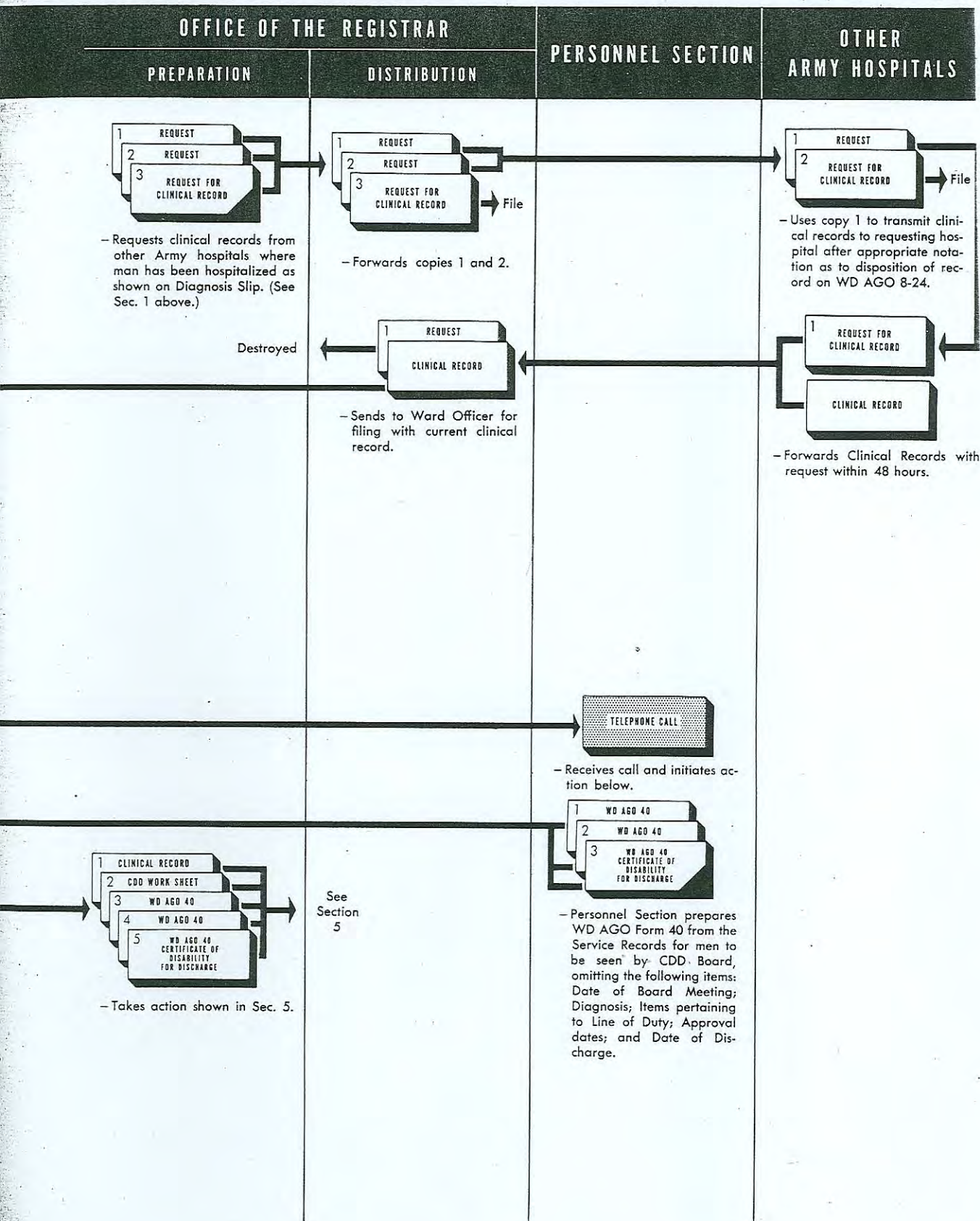
— Notifies other member of Board of time of meeting.

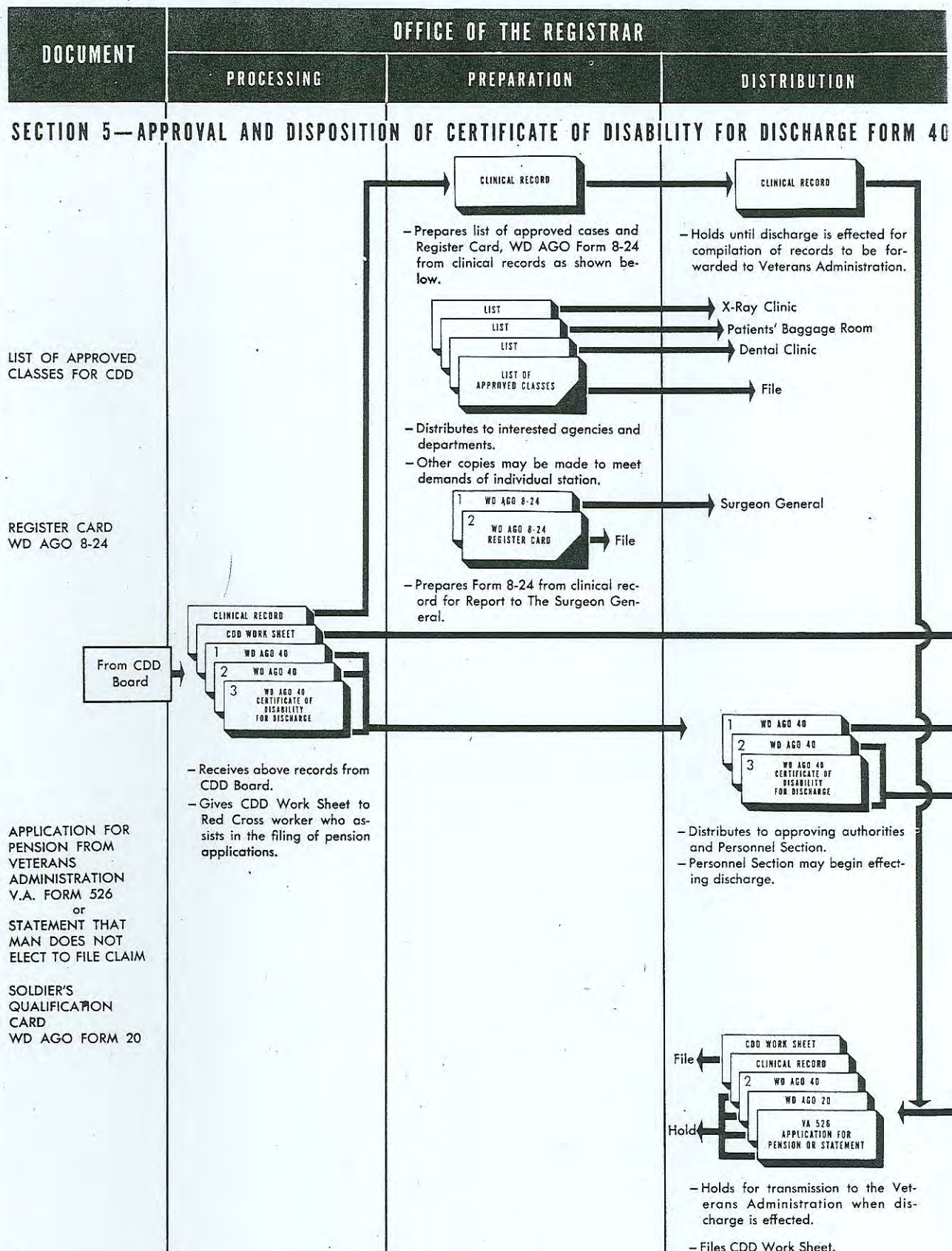
CERTIFICATE OF DISABILITY FOR DISCHARGE
WD AGO FORM 40

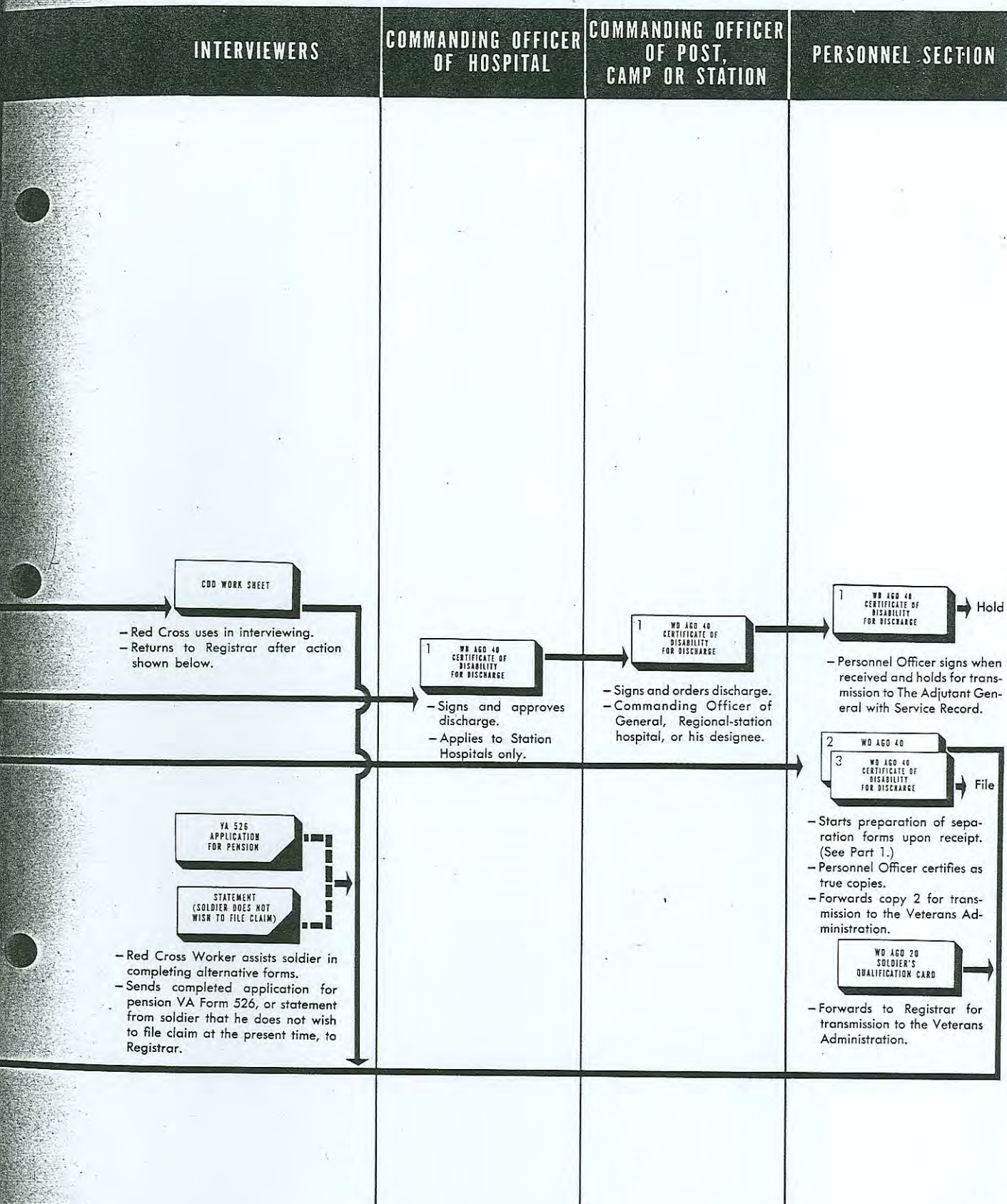
1 CLINICAL RECORD
2 CDD WORK SHEET
3 WD AGO 40
4 WD AGO 40
5 WD AGO 40
6 CERTIFICATE OF DISABILITY FOR DISCHARGE

— Board meets within 24 hours after receipt of 40.
— Makes recommendations.
— Secretary of Board completes Date of Meeting, Diagnosis, and LOD Status while Board is meeting on other cases.
— President and Recorder sign copy 1 of Form 40 before leaving meeting.
— If CDD is disapproved, returns records to Ward with recommendations as to disposition of patient.

OF DISABILITY (CONTD)







TRANSFER TO A DETACHMENT OF

DOCUMENT

UNIT PERSONNEL SECTION OF STATION COMPLEMENT
OR DETACHMENT OF PATIENTS TO WHICH TRANSFER
IS TO BE EFFECTED

SECTION 8—TRANSFER TO DETACHMENT OF PATIENTS OR STATION COMPLEMENT.

CDD TRANSFER ORDER



—Registrar of hospital prepares for signature of Personnel Officer.
(See Section 2A.)

SERVICE RECORD AND ALLIED PAPERS

NOTE

CDD transfer order may be used to effect transfer to
"attached unassigned" status or to change status from
"attached" to "attached unassigned".

EXTRACT FROM SERVICE RECORD
WD AGO FORM 25

RECORDS JACKET
WD AGO FORM 201



- Checks to insure that all required records are received and that they are complete and accurate.
- If man is not discharged, transfers man to former or other organization in accordance with existing directives. (See AR 615-361.)

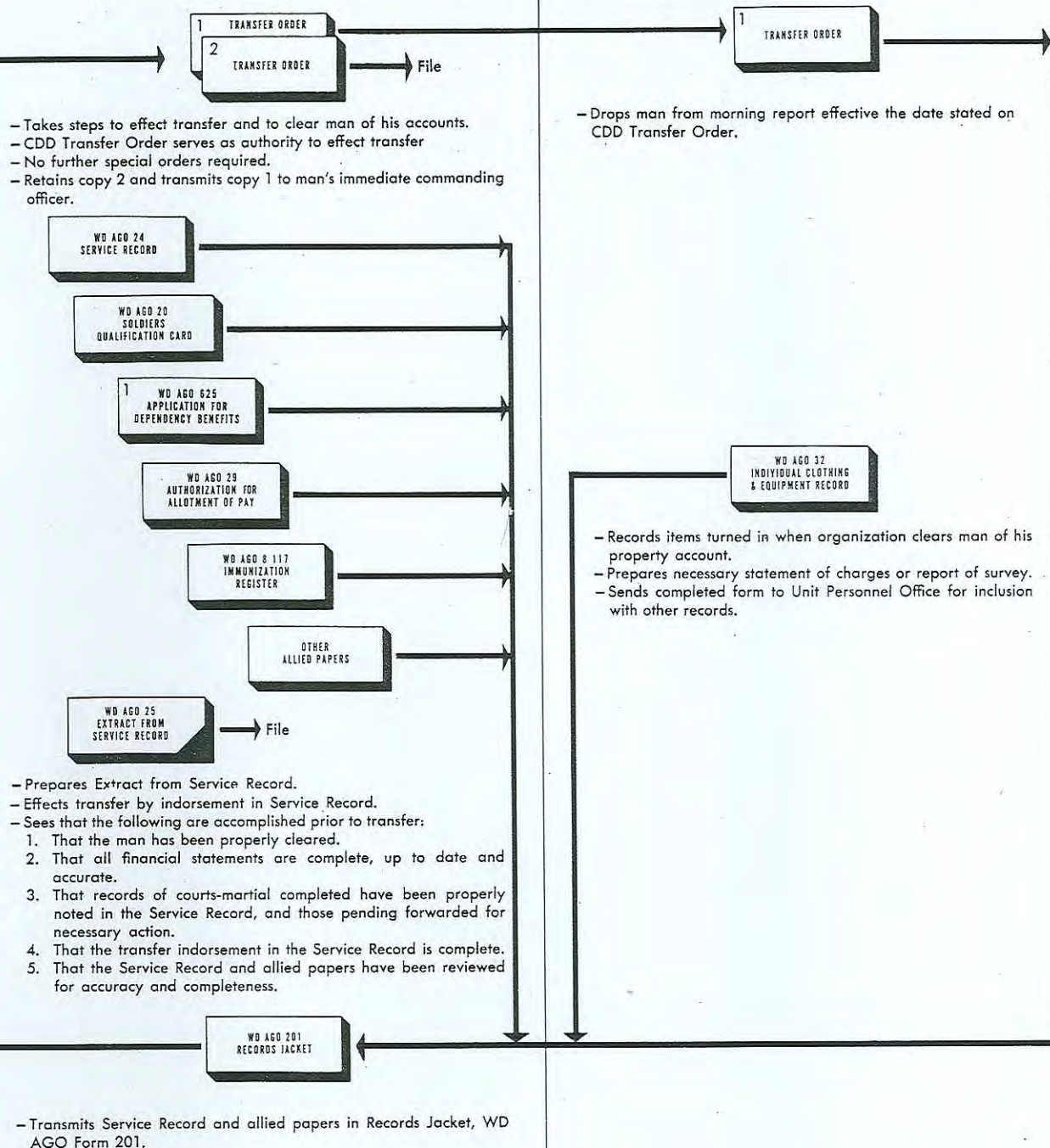
SECTION 9—SEPARATION PROCEDURE (See Chapter 2 of this Manual).

PATIENTS OR STATION COMPLEMENT

MAN'S FORMER ORGANIZATION

UNIT PERSONNEL OFFICE

COMPANY

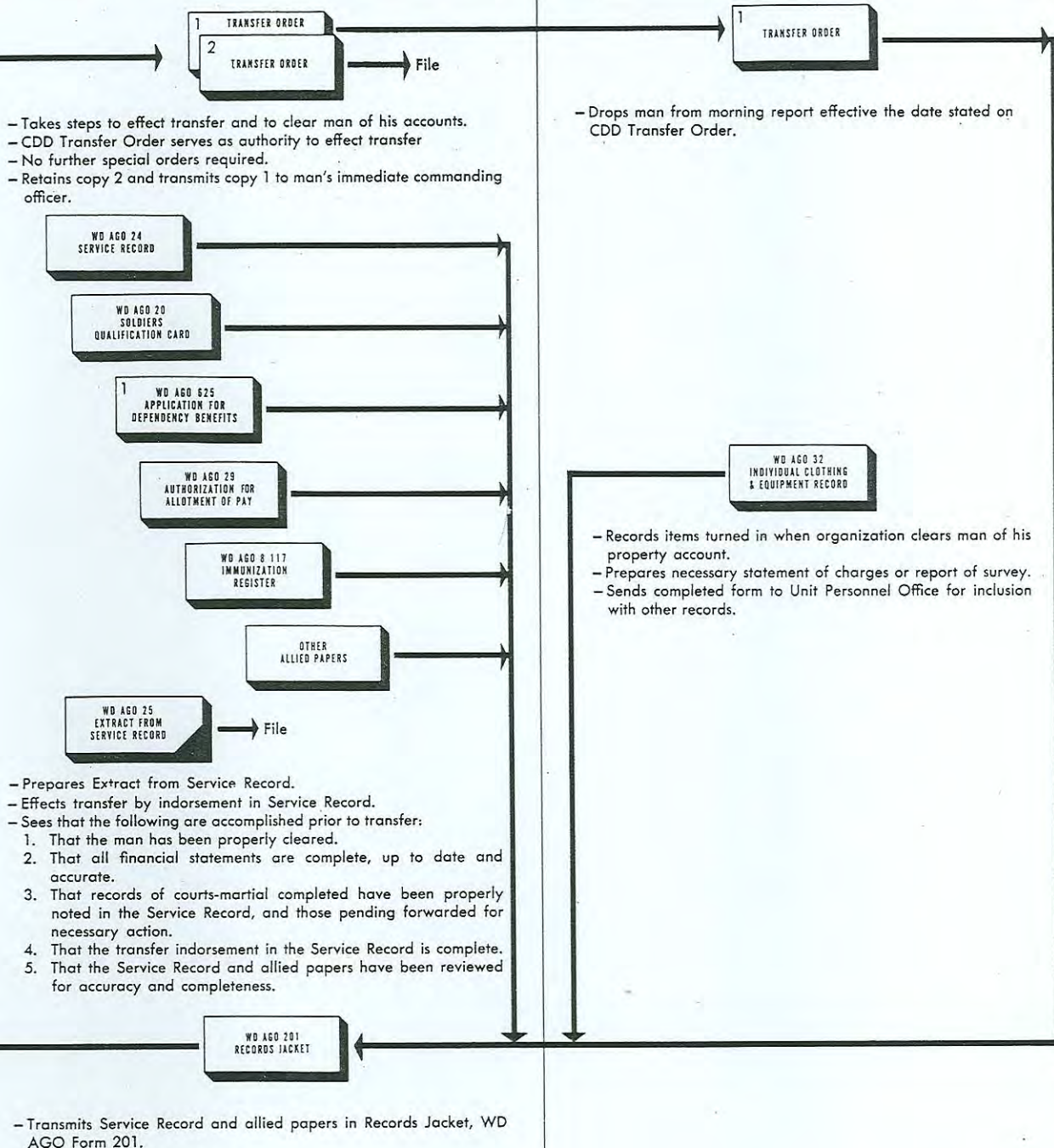


PATIENTS OR STATION COMPLEMENT

MAN'S FORMER ORGANIZATION

UNIT PERSONNEL OFFICE

COMPANY



PATIENT'S PROPERTY SLIP, WD AGO FORM 8-111

REFERENCE: AR 40-590

- NOTES: 1. WD AGO Form 8-111 is prepared in duplicate at the time that clothing and equipment are checked in at the hospital.
2. This may be done at the baggage or supply office, admitting office or on the ward, dependent upon local practice.
3. Both recipient and also the patient, if physically able, sign slip to verify accuracy.
4. WD AGO Form 8-111, 13 June 1944 will be used pending publication of the revised form illustrated.

WD AGO FORM 8-111 1 DEC. 1944		1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.		4. GRADE T/Sgt	
2. REGISTER NO. 13 294		3. ARMY SERIAL NO. 32 033 197		5. ORGANIZATION AND ARMED SERVICE 1245th SCSU	
6. AGE 29		7. RACE W		8. DATE OF ADMISSION 3 11/12 10 Nov 44	
9. SOURCE OF ADMISSION Direct		10. PREVIOUS FORMS MAY BE USED UNTIL EXHAUSTED.			
11. REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED.					
INSTRUCTIONS: Form will be completed in two (2) copies. Copy 1 will be given to the patient; copy 2 will be retained with the patient's records. If articles are stored at locations other than the ward a check mark will be inserted in column "S" to indicate those articles.					
NO.	S	ARTICLES	NO.	S	ARTICLES
1		Belt, web	1		Helmet
1		Coat, rackman	1		Liner
1		Coat, wool	1		Overalls, article
1		Gloves, leather	1		Shoes, service
1		Gloves, o.d.	1		Shoelace
1		Handkerchief	1		Towel, bath
1		Jacket, field	1		Towel, wash
1		Jeans	1		Undergarment
1		Overcoat	1		Bag, canteen, field
1		Shirt, cotton	1		Back, gas
1		Shirt, wool	1		Parcel, first aid
1		Trousers, fatigue	1		Parcel, first aid
1		Jacket, fatigue	1		Talpac
1		Hat, fatigue	1		Knife, fork, spoon
1		Blanket	1		Compass
1		Drawers, cotton	1		Bag, duffel
1		Drawers, wool	1		Bag, duffel
1		Socks, cotton	1		Bag, duffel
1		Socks, wool	1		Bag, duffel
1		Undershirt, cotton	1		Bag, duffel
1		Undershirt, wool	1		Bag, duffel
Date of other than that stated above: Designate other location where articles stored: <u>Baggage Room #2</u>					
Signature of recipient: <u>John C. Smith</u>			Signature of patient: <u>Lloyd M. Carpenter</u>		

DIAGNOSIS SLIP, WD AGO FORM 8-176

(TENTATIVE)

- NOTES: 1. WD AGO Form 8-176 is prepared by ward officers within 24 hours after admission and submitted to Registrar.
2. Registrar takes necessary action to arrange for transfer of patient for CDD, to secure clinical records, to clarify LOD, etc., as indicated by entries on the WD AGO Form 8-176.

WD AGO FORM 8-176 TENTATIVE 26 November 1944		1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.		4. GRADE T/Sgt	
2. REGISTER NO. 13 294		3. ARMY SERIAL NO. 32 033 197		5. ORGANIZATION AND ARMED SERVICE 1245th SCSU	
6. AGE 29		7. RACE W		8. DATE OF ADMISSION 3 11/12 10 Nov 44	
9. SOURCE OF ADMISSION Direct		10. REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED			
INSTRUCTIONS: Forward original to Registrar within 24 hours of admission. Answer all items. File duplicate with clinical record. The information submitted on this form need only be tentative, but must be furnished within 24 hours of admission. In the event any of the data changes materially, a revised form showing the corrected information will be submitted to the Registrar without delay.					
11. DATE 11 Nov 44		12. WARD OFFICER Jesse M. Galt		13. PARO 6	
14. DIAGNOSIS (If an injury is involved, the reverse side must also be completed.) Right hip - right sacro-iliac joint due to fracture right ilium incurred in combat 15 Jul 44		15. LINE OF DUTY (Check)		16. YES NO EPTS UNO	
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY 10 DAYS. ☐ FULL DUTY ☐ LIMITED DUTY ☐ RETIREMENT ☒ CDD TO OWN CARE ☐ TRANSFER TO VAS ☐ TRANSFER TO OTHER HOSPITAL		18. HOSPITAL RECORDS REQUESTED			
19. HOSPITAL		DATE			
Halloran G. H. Stalen Es. N.Y.		20 Oct 44			

This form may be reproduced locally until WD AGO Form 8-176 is published and distributed.

MORNING REPORT, WD AGO FORM 1

REFERENCE: AR 345-400

[illegible]

1 JAN 44

CDD TRANSFER

REFERENCE: AR 615-360
AR 615-361
CIR. 13, WD 1944

NOTE: The CDD Transfer Order, Request for Photostat and Work File Copy may be prepared in one operation. If the CDD Transfer Order is not necessary, the remaining forms may be prepared in one operation.

Last Name - First Name - Middle Initial Doe, John J.		A.S.N. 12 345 678		Date 8 Nov 44
Organization 323 Engineer Bn		Grade Pvt.		Date of Hospitalization 1 November 44
Pursuant to par. 6c (4) AR 615-360, the above named enlisted person will be relieved from his present assignment and transferred in grade to the Detachment of Patients, Station Hospital, Fort Benning, Ga., pending CDD. (Service Record, allied papers and clothing records will be forwarded to the Detachment of Patients, Station Hospital, Fort Benning, Ga., within 48 hours. Transfer will be effected by indorsement in Service Record. No special order will be required).[*] Effective date of change on morning report 11 NOV 44.				
HEADQUARTERS FORT BENNING GEORGIA		BY COMMAND OF		
CDD Transfer Order (AR 615-360)				
* Not applicable if S/R and AP have previously been indorsed and transmitted to the Detachment of Patients. Only action necessary is Morning Report remark changing status of enlisted person from "absent sick" to "transferred to Detachment of Patients, Station Hospital, Fort Benning, Ga."				
Last Name - First Name - Middle Initial Doe, John J.		A.S.N. 12 345 678		Date 8 Nov 44
Organization 323 Engineer Bn		Grade Pvt.		Date of Hospitalization 1 November 44
Pursuant to par. 6c (4) AR 615-360, the above named enlisted person will be relieved from his present assignment and transferred in grade to the Detachment of Patients, Station Hospital, Fort Benning, Ga., pending CDD. (Service Record, allied papers and clothing records will be forwarded to the Detachment of Patients, Station Hospital, Fort Benning, Ga., within 48 hours. Transfer will be effected by indorsement in Service Record. No special order will be required).[*] Effective date of change on morning report 11 NOV 44.				
HEADQUARTERS FORT BENNING GEORGIA		BY COMMAND OF		
CDD Transfer Order (AR 615-360)				
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Last Name - First Name - Middle Initial Doe, John J.		A.S.N. 12 345 678		Date 8 Nov 44
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HEADQUARTERS FORT BENNING GEORGIA		BY COMMAND OF BRIG GENERAL JONES		
CDD Transfer Order (AR 615-360)				
* Not applicable if S/R and AP have previously been indorsed and transmitted to the Detachment of Patients. Only action necessary is Morning Report remark changing status of enlisted person from "absent sick" to "transferred to Detachment of Patients, Station Hospital, Fort Benning, Ga."				

- NOTES: 1. Registrar prepares this form as soon as possible after receipt of Diagnosis Slip, WD AGO Form 8-176, for the signature of the personnel officer.
2. The form is to be used in securing transfer and also in securing change of status from "attached" to "attached unassigned."
3. If person is already "attached unassigned" this form is not required.

REQUEST FOR PHOTOSTAT AND WORK FILE COPY

REFERENCE: AR 615-361, WD CIRCULAR 13, 1944

Last Name Carpenter, Lloyd M	First Name	M. Initial	A.S.N. 32 033 197	DATE 12 November 44
Grade T/Sgt		Date of Hospitalization 10 November 44		
PHOTOSTAT OF PHYSICAL EXAMINATION				
TILTON GENERAL HOSPITAL FORT DIX, NEW JERSEY ATTENTION: REGISTRAR				

Last Name Carpenter, Lloyd M	First Name	M. Initial	A.S.N. 32 033 197	DATE 12 November 44
Organization 317th Infantry	Grade T/Sgt	Date of Hospitalization 10 November 44		
REQUEST FOR PHOTOSTAT OF PHYSICAL EXAMINATION				
ENLISTED BRANCH, A. G. O. P. E. R. SECTION MUNITIONS BLDG., WASHINGTON, 25, D. C.				
TILTON GENERAL HOSPITAL FORT DIX, NEW JERSEY ATTENTION: REGISTRAR				

NOTE: Prepared in one operation with CDD Transfer Order, if necessary, and work file copy.

Last Name Carpenter, Lloyd M	First Name	M. Initial	A.S.N. 32 033 197	DATE 12 November 44
Organization 317th Infantry	Grade T/Sgt	Date of Hospitalization 10 November 44		
Service Record Received		Case typed by: <i>W. H. King</i>		
Form 40 Initiated		Case checked by: <i>Altman</i>		
2nd Indorsement dated		Remarks:		
Form 53-55 or 53-56				
Form 370 or 371				
Form 100				
Form 30-S				
Lapel Button				
Date of Discharge				
Record to AGO				

NOTE: Prepared with other forms; forwarded to Personnel Section to be retained as file copy.

REQUEST FOR CLINICAL RECORDS FROM OTHER ARMY HOSPITALS PERTINENT TO CDD CASE

REFERENCE: CIR. 13, WD 1944

Form showing multiple copies of the request for clinical records, with fields for patient information, hospital details, and submission instructions.

REQUEST FOR CLINICAL RECORDS PERTINENT TO CDD CASE

Transmitting Hospital: General Hospital

Requesting Hospital: TILTON GENERAL HOSPITAL, FORT DIX, NEW JERSEY, ATTENTION: REGISTRAR

Submit in duplicate - DO NOT FOLD - NO SIGNATURE REQUIRED

Form fields include: Last Name - First Name - Middle Initial, A. S. N., Date of Hospitalization, Date of Request, and Transmitting Hospital details.

NOTES:

1. Prepared as soon as possible from the Diagnosis Slip for each hospital from which clinical records are desired.
2. Three copies are prepared; copies 1 and 2 are forwarded to the hospital; copy 3 is retained as a suspense copy.

LIST OF APPROVED CDD CASES

Form showing a list of approved CDD cases, with a header indicating the date of discharge.

MEN TO BE DISCHARGED FRIDAY 24 NOVEMBER 1944 AT 1100

1. Carpenter, Lloyd M. 32 033 197 T/Sgt W-6

NOTE: Sufficient copies prepared to suit local needs in order to notify all interested parties of date of discharge. List is prepared from approved cases; no additional data will appear on this list.

CDD WORK SHEET

Register No. 13294

TILTON GENERAL HOSPITAL

Ward No. 6

CDD WORK SHEET

Last Name - First Name - Middle Initial	ASN	Grade	Date of Board
Carpenter, Lloyd M.	32033197	T/Sgt	21 Nov 44

FINDINGS: (Record those disabilities which incapacitate soldier for further service. If there is more than one incapacitating defect, designate as A,B,C,D, etc., State diagnoses according to "Standard Terms for Diagnosis" - including how, when, and where incurred in injuries. Add additional statement as to manifestations and how each defect incapacitates and also statement as to basis for LOD findings. Be concise but accurate and complete.)

Arthritis, chronic, non-suppurative, moderate, sacro-iliac joint, right, secondary to fracture, compound, ilium, right, incurred in combat, 15 July 1944, near St. Lo, France from enemy bullet, caliber 31, point of entrance on lateral aspect of right ilium. Manifested by pain and tenderness in the right sacro-iliac region aggravated by walking or strenuous physical activity. Considered LOD Yes because incurred as a result of enemy action.

Enter only those diagnoses which incapacitate soldier for further military service.

(Additional diagnoses and remarks may be completed on the reverse of this form)													
Date Became Unfit for Duty	Date of Onset	Due to Mis-conduct		Incurred While AWOL		Incurred in Authorized Military Activity		Aggravated by Active Service		E P T S		In Line of Duty	
Enter One Date	Enter Each Date	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
15 July 44	A 15 Jul 44		x		x	x			x		x	x	
	B												
	C												
	D												

See Cir. 458 WD 1944, relative to determination of line of duty

ADDITIONAL INFORMATION TO BE COMPLETED IN ALL CASES:

- Age 29. 2. Race W. 3. Length of Service 3 11/12. Present job with organization Radio repairman.
- X-Ray of chest has been taken within 90 days: Date of last report 15 Nov 44.
- Soldier (can) ~~(cannot)~~ be released from military control without danger to himself or others. Transfer to VAF Other institution (is) (is not) necessary.
- Escort of officers and/or enlisted men (will) (will not) be required.
- Permanent address for mailing purposes (ASK THE SOLDIER). 411 Highland Ave.,

San Francisco, California

APPROVED:

Jesse M. Galt
(Ward Officer)

Martin J. Heslop
(President) (Signature)
Capt. MC

Henry R. Smith
(Recorder) (Signature)
1st Lt. MC

Jesse M. Galt
(Member) (Signature)
Capt. MC

- NOTES: 1. Prepared by ward officer from clinical records.
2. Submitted to CDD Board with clinical records through Chief of Service for approval.

REFERENCES: AR 615-361 AR 40-1025
CIR. 458, WD, 1944 AS AMENDED
CIR. 435, WD, 1944

STEP 7: Signs
Copies 1, 2, and 3.

- 42

REGISTER CARD WD AGO FORM 8-24

DO NOT USE CODE BOXES			
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Carpenter, Lloyd M.			A1 A2 A3
2. REGISTER NO. 13 294	3. ARMY SERIAL NO. 32 033 197	4. GRADE T/Sgt	B1 B2 B3
5. ORGANIZATION 1245th			
6. AGE 29			DO NOT USE CODE BOXES
7. RACE W			A1 A2 A3
8. LENGTH OF SERVICE 3 11/12			B1 B2 B3
9. DATE OF ADMISSION 10 Nov 44			C1 C2
10. SOURCE OF ADMISSION Direct			D1 D2 D3
11. CAUSE OF STATUS Arthritis, chronic, non-suppurative, moderate, sacro-iliac joint, right, secondary to fracture, compound, ilium, right, incurred in combat, 15 July 1944, near St. Lo, France from enemy bullet, caliber 31, point of entrance on lateral aspect of right ilium.			E1 E2 E3
12. LINE OF DUTY Yes			F
13. DISPOSITION Disch per CDD, AR 615-361, per 1st Ind HQ TGH, dtd 22 Nov. 44.			G
14. DATE OF DISPOSITION 24 November 1944			H
15. DAYS LOST TOTAL 15 HOSPITAL 15 QUARTERS			I
16. NAME AND LOCATION OF REPORTING INSTALLATION 1257 SCSU Tilton Gen Hosp Ft Dix NJ			J
17. SIGNATURE G. WEXLER, 1st Lt., MAC Registrar			K
(This form supercedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)			L
			M
			N
			O
			P
			Q1 Q2
			R
			S
			T
			U
			V1 V2
			W1 W2
			W. D. A. G. O. FORM NO. 8-24 1 July 1944

- NOTES: 1. Prepared for each case released from hospital whether the enlisted person is discharged for disability or returned to duty.
2. Prepared in duplicate; original copy transmitted to Surgeon General; copy 2 retained for files.

CHAPTER 3

**TRANSMITTAL OF RECORDS TO VETERANS ADMINISTRATION —
TRANSFER OF PATIENT TO A VETERANS ADMINISTRATION FACILITY**

7. The completion of the various forms required by the Veterans Administration in order to adjudicate claims for pension is an important part of the separation procedure.

8. Every effort should be made to assure that the dischargee is fully informed as to the rights and benefits which may accrue to him as a result of his completion of service in the armed forces. His rights to pension; the advisability of continuing his National Service Life Insurance; his rights under the GI Bill of Rights; and all other rights should be fully explained to the soldier prior to discharge.

9. Prompt transmittal of records to the Veterans Administration subsequent to discharge of the soldier is vital, in order to assure that any benefits accruing to him may be determined as soon as possible. All records destined for the Veterans Administration should be transmitted within 48 hours after separation is effected.

10. Major changes have been effected in the procedure for transferring a patient requiring further hospital treatment to a Veterans Administration Facility. They are as follows:

a. Provision has been made on the Diagnosis Slip WD AGO Form 176 for the Ward Officer to advise the Registrar if the patient needs care at a Veterans Administration Facility.

b. Request for designation of a facility to which the patient is to be transferred is submitted to the Veterans Administration promptly so that there will be no delay in effecting transfer when the C.D.D. Board has approved discharge.

c. Separate receipts for the patient and his property and clothing from the Veterans Administration Facility have been consolidated into one form.

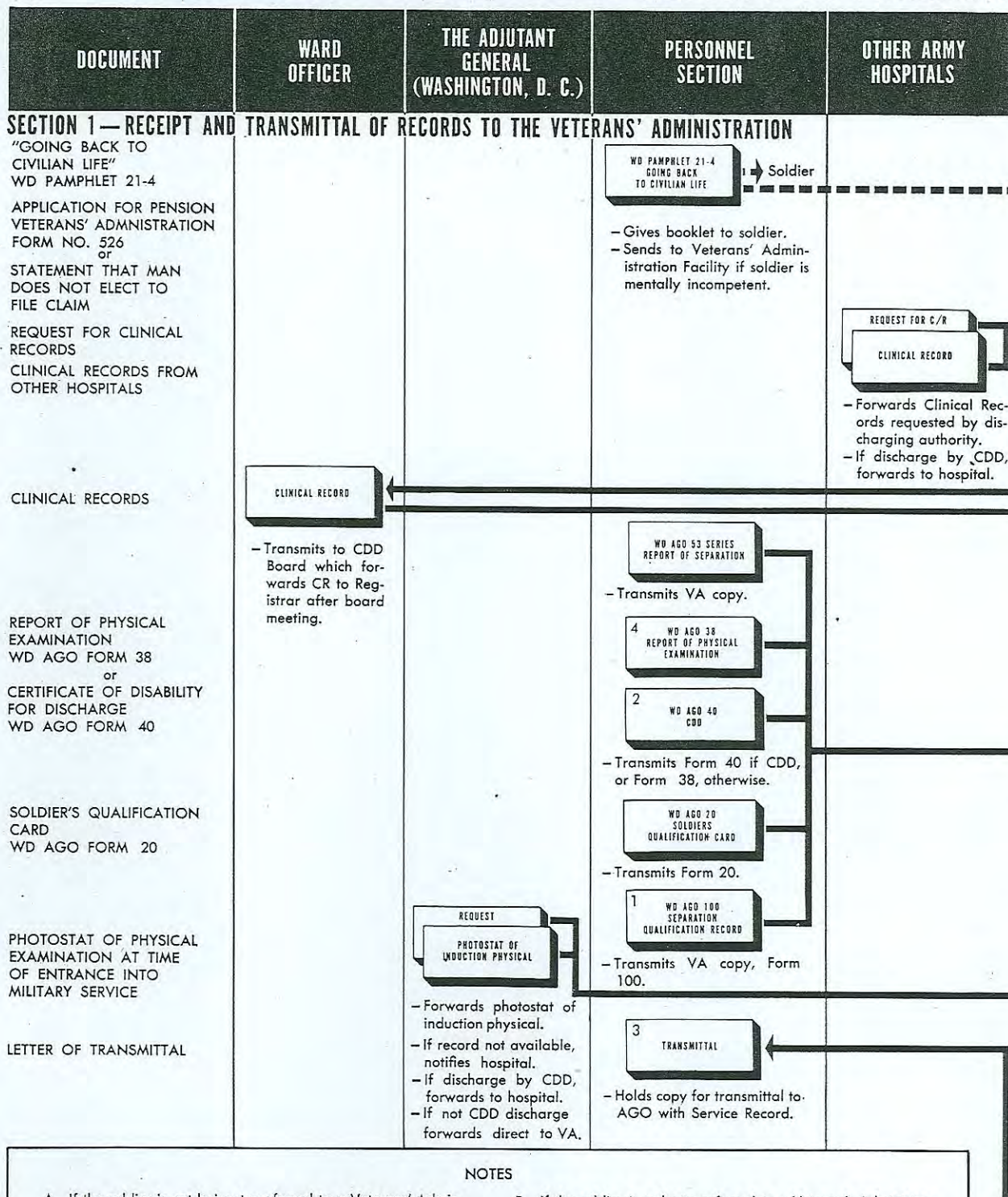
d. The Veterans Administration Form 526 has been revised into box form to facilitate completion.

e. WD AGO Form 40 and VA Form 2834 are used as an automatic request for special orders.

f. Information on page 3 of Form P-10 will be brief, since similar data appears on other records transmitted to the Veterans Administration.

g. Discharge and pay records will be completed as soon as notification of delivery at the Veterans Facility has been received.

RECEIPT AND TRANSMITTAL OF RECORDS TO VETERANS

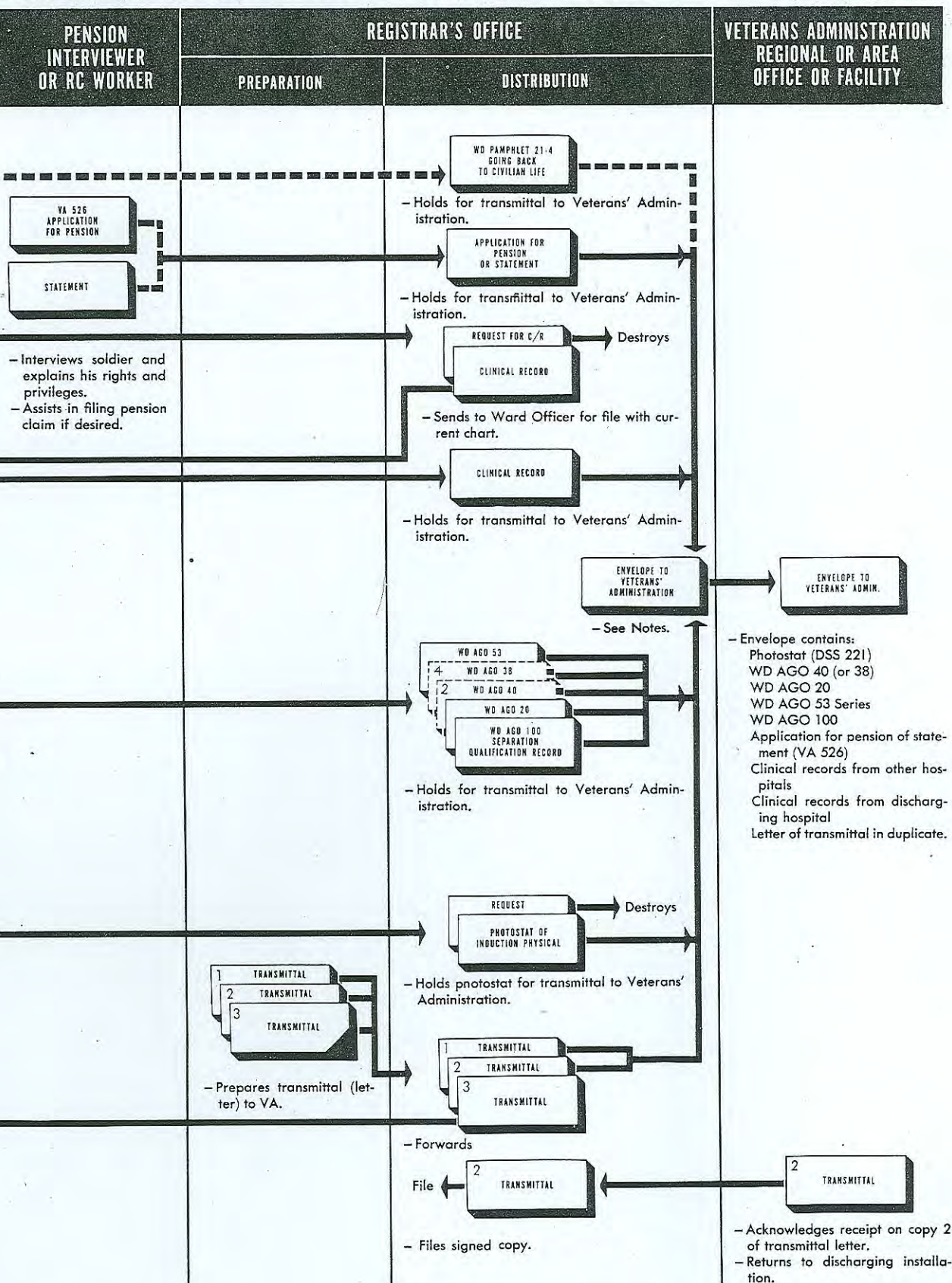


NOTES

A. If the soldier is not being transferred to a Veterans' Administration Facility, and is being discharged on CDD; AR 615-361, the records will be compiled and will be forwarded by mail to the Veterans' Administration Area Office serving the area in which the discharging installation is located. If discharge is other than CDD, WD AGO Form 38 and other records will be compiled and will be forwarded to the VA Regional Office nearest the man's future residence. It is essential these records be forwarded promptly.

B. If the soldier is to be transferred to a Veteran's Administration Facility the records will be transmitted by the attendant accompanying the patient, to the Facility. If the soldier proceeds to the Facility unattended, the records will be forwarded to the Facility by mail on the day that the soldier departs. In those cases being transferred to a Veterans' Administration Facility, VA Form P-10 will be completed and forwarded with other records.

ADMINISTRATION AREA OFFICE OR FACILITY



TRANSFER OF A PATIENT TO A

DOCUMENT	WARD OFFICER	REGISTRAR
		PREPARATION

SECTION 1—INITIAL PROCEDURES FOR TRANSFER TO VETERANS ADMINISTRATION FACILITY.

DIAGNOSIS SLIP
WD AGO FORM 8-176

WD AGO 8-176
DIAGNOSIS SLIP

WD AGO 8-176
DIAGNOSIS SLIP

- Submits within 24 hours after admission to Registrar. Revises slip upon change of diagnosis or disposition.
- Recommends man be sent to care of Veterans Administration Facility or to care of family.

- Registrar notes proposed disposition and arranges for such disposition.
- If patient is a mental case, requests information for letter to parents, nearest relative or legal guardian from the ward officer.

LETTER TO NEAREST
RELATIVE, OR LEGAL
GUARDIAN, ADVISING
FURTHER CARE IS
NECESSARY.
(See Cir. 298, WD 1944.)

1 LETTER
2 LETTER TO
RELATIVES

- Prepares and signs letter, allowing 10 days for reply.
- Prepares request for designation of VA Facility and sends to VA, Washington, D. C. at the same time that letter is transmitted to relatives.

APPLICATION FOR
HOSPITAL TREATMENT
OR DOMICILIARY CARE
VA FORM P-10

VA P-10
APPLICATION FOR
HOSPITAL TREATMENT

VA P-10
APPLICATION FOR
HOSPITAL TREATMENT

- Initiates VA Form P-10 and has soldier sign if he is mentally competent.
- If soldier is mentally incompetent, sends to Registrar for transmission to relative for completion of affidavit as to financial responsibility.

- Completes all items except 5, 8, 9, 10 and 12.
- Forwards VA Form P-10 to relatives, if man is mentally incompetent, for completion.
- If form is completed by patient, holds for transmission to the Veterans Administration with other records.

AFFIDAVIT OF PARENT,
NEAREST RELATIVE OR
LEGAL GUARDIAN

1 AFFIDAVIT
2 AFFIDAVIT OF
PARENT OR
LEGAL GUARDIAN

- Prepares affidavits if care by family is recommended by ward officer.
- Sends to nearest relative who signs indicating agreement to assume responsibility for care of patient.

RETURN ENVELOPE
FROM RELATIVE

Files with
clinical record
201 File

To Ward Officer for
completion of med-
ical information.

1 AFFIDAVIT
2 AFFIDAVIT
3 VA P-10
APPLICATION FOR
HOSPITAL TREATMENT

- If relative signs affidavits, patient is discharged to their care.
- If soldier is to be released to care of nearest relative, VA Form P-10 is destroyed.
- If soldier is transferred to a VA Facility, VA Form P-10 is held for transmission to the Veterans Administration with other records. (See Page 46.)

REQUEST FOR
DESIGNATION OF
VETERANS
ADMINISTRATION
FACILITY

1 REQUEST
2 REQUEST
3 REQUEST FOR
DESIGNATION OF
VA FACILITY

- Sends at the same time as letter is sent to relative.
- If family agrees to assume responsibility for patient, designation is cancelled by letter to the VA, Washington, D.C.
- Same procedure followed if decision is made as to other disposition by the CDD board.

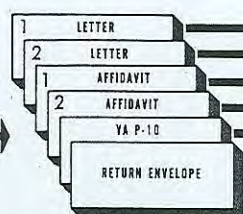
VETERANS ADMINISTRATION FACILITY

REGISTRAR

DISTRIBUTION

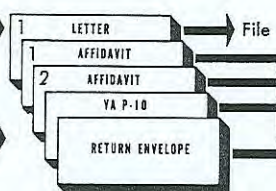
NEAREST RELATIVE OR LEGAL GUARDIAN

VETERANS' ADMINISTRATION WASHINGTON, D. C.



Retains

- Encloses return envelope, affidavits and VA Form P-10.
- Mails letter, VA form P-10 and affidavits, if home care is recommended by the ward officer.



File

- Receives letter and makes decision.
- Signs affidavits and returns within 10 days.
- If alternate decision is made, notifies Registrar.

RETURN ENVELOPE

- Distributes forms received in envelope from nearest relatives.

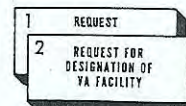
RETURN ENVELOPE

- Mails form in return envelope.



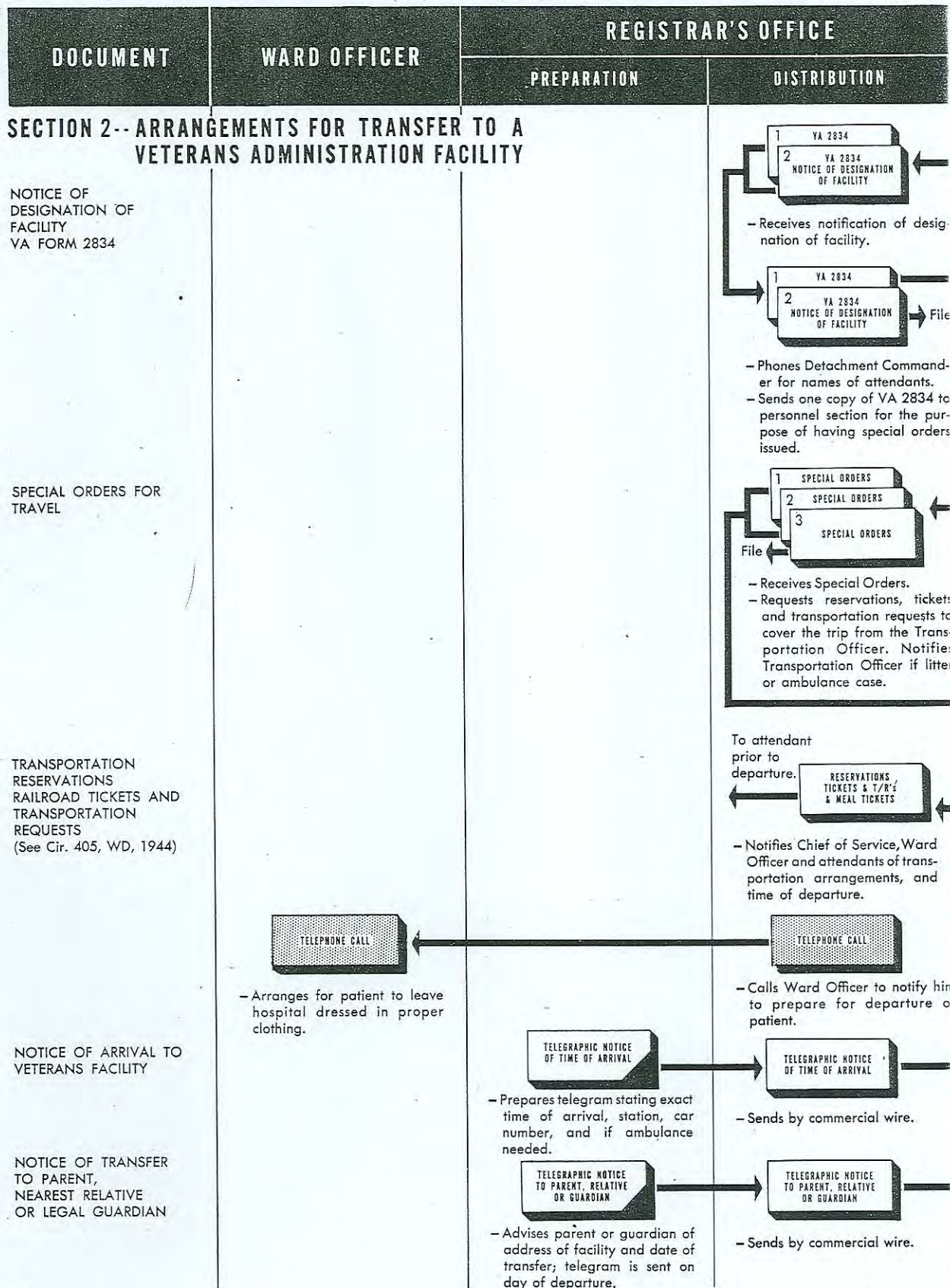
Suspense

- Mails two copies of request.
- Groups all requests in one envelope to the VA, Washington, D.C., daily.
- No other records need accompany this request.



- Locates and designates space in proper facility.
- Notifies requesting hospital of designation. (See Section 2.)

TRANSFER OF A PATIENT TO A



VETERANS ADMINISTRATION FACILITY (CONTD)

PERSONNEL SECTION

TRANSPORTATION OFFICER

NEAREST RELATIVE LEGAL GUARDIAN

VETERANS ADMINISTRATION WASHINGTON, D. C.

1 VA 2834
NOTICE OF DESIGNATION
OF FACILITY

- Receives form and uses as a basis of preparing or requesting special orders.

1 SPECIAL ORDERS
2 SPECIAL ORDERS
3 SPECIAL ORDERS
4 SPECIAL ORDERS

- Prepares special orders, or requests that they be prepared by higher authority.
- Additional copies may be prepared to meet needs of individual station.

1 SPECIAL ORDERS
2 SPECIAL ORDERS

- Obtains necessary transportation upon receipt of special orders.
- Other copies as necessary.

RESERVATIONS
TICKETS & T/R's
& MEAL TICKETS

- Forwards reservations to Registrar.

1 VA 2834
2 VA 2834
NOTICE OF DESIGNATION
OF FACILITY

- Advises hospital of designation of facility, which will receive patient.
- Transmits VA 2834 in duplicate.

NOTE
See Page 46 relative
to transfer of records.

TELEGRAPHIC NOTICE
OF TIME OF ARRIVAL

- Arranges to meet train with necessary transportation and escorts.

TELEGRAPHIC NOTICE
TO PARENT, RELATIVE
OR GUARDIAN

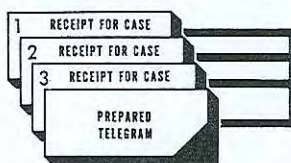
- Advises parent or guardian of address of facility and date of arrival thereat.

TRANSFER OF A PATIENT TO A

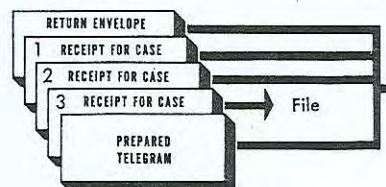
DOCUMENT	REGISTRAR	
	PREPARATION	DISTRIBUTION

SECTION 3—RECEIPT FROM VETERAN'S FACILITY FOR PATIENT AND PROPERTY

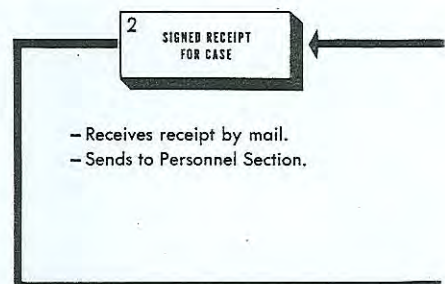
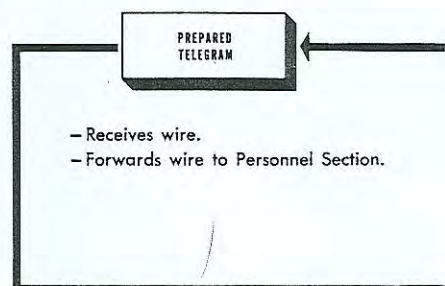
RECEIPT FOR CASE FROM
VETERANS FACILITY



- Prepares receipt from Veterans Facility.
- Prepares telegram to be completed and sent collect by the attendant upon effecting delivery to the facility. If patient proceeds without attendant, he is given prepared telegram which is completed and dispatched upon arrival by VAF.



- Sends with attendant to the facility.
- Encloses addressed return envelope. If no attendant, see note.



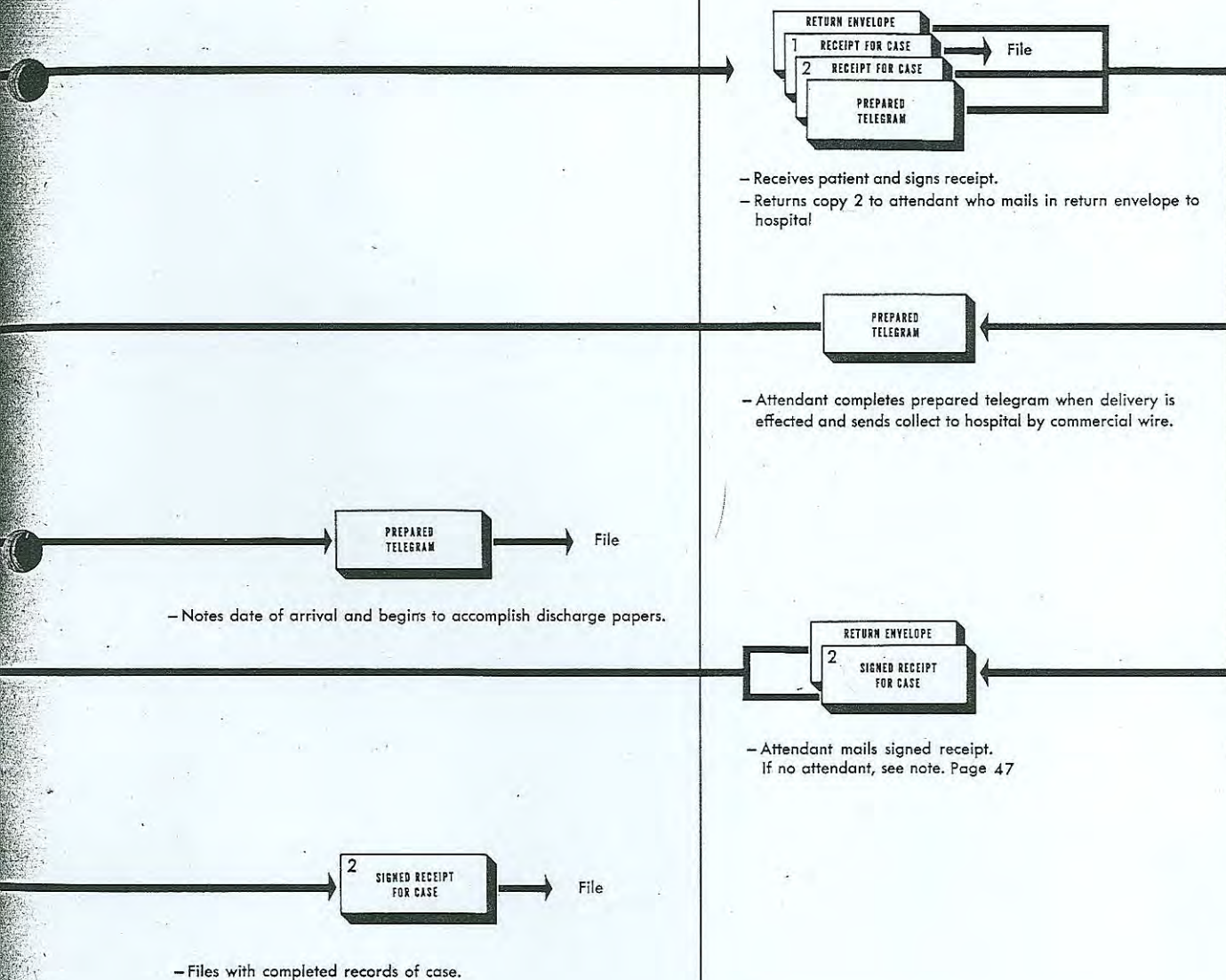
SECTION 4—TRANSMITTAL OF RECORDS AT TIME OF DISCHARGE TO VETERAN'S FACILITY

See Sect. 1. Receipt and Transmittal of Records to Veterans Administration Area Office or Facility. Page 46.

VETERANS ADMINISTRATION FACILITY (CONTD)

PERSONNEL SECTION

VETERAN'S FACILITY



NOTES

1. Discharge is completed in accordance with the procedure established in Part 1, — after the Veterans Administration receipts for the patient.
2. Final payment and discharge records are to be disposed of as directed in AR 615-361, without delay.

1 JAN 45

LETTER TO RELATIVES—IN CASE OF MENTALLY INCOMPETENT SOLDIERS

REFERENCE: AR 600-500, WD CIRCULAR 298, 1944

OFFICE OF THE REGISTRAR
TILTON GENERAL HOSPITAL
FORT DIX, N. J.

5 November 1944

Mrs. Mary Jane Doe
1440 Oak Street
Newark, N. J.

Dear Mrs. Doe:

You were notified on 29 October that your husband, John J. Doe, had been admitted to this hospital for observation and treatment of a mental condition. Since that time he has been studied very carefully and it has been determined that he is suffering from "Psychosis, unclassified". Although he has shown considerable improvement, his discharge from the military service has been recommended, but his condition is such that further hospital care is necessary.

He shows the following symptoms which are believed to make home care inadvisable at this time: He is extremely dull, withdrawn, childish and shallow with signs of extreme nervousness and at times depression.

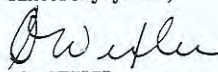
Under existing statutes he is eligible for treatment in a Veterans' Administration facility, and authority for his transfer to a Veterans hospital is being requested. Regulations provide, however, that you may elect to receive him at home to provide care for him there or in a private institution at your own expense. If you prefer receiving him at home and are willing and able to provide the proper care and treatment for him, please sign and execute before a notary public the inclosed form of agreement and return it to this office. If not, please state that fact in your reply and complete and sign before a notary public the inclosed application for Veterans hospitalization and return it with your reply. In either case, your reply within 10 days is requested. It is recommended that you consult your physician before making a decision. Receiving your husband at home at this time does not in any way interfere with his right to be hospitalized in a Veterans' Administration facility in the future, should such care be necessary.

If you signify your willingness to receive him, he will be accompanied home at Government expense and discharged from the service to your custody upon arrival. You will be notified beforehand of the date of his arrival.

A postage-free envelope is inclosed for your reply.

Very sincerely yours,

Incls.


O. WEXLER
1st Lt., MAC
Registrar

NOTE: Forwarded as soon as diagnosis and proposed disposition are determined. Copies of affidavit and VA Form P-10 are inclosed, for completion by relatives.

AFFIDAVIT FOR ASSUMPTION OF RESPONSIBILITY

REFERENCE: AR 600-500

A F F I D A V I T

STATE New Jersey)
COUNTY OF Essex)

Personally appeared before me the undersigned authority for administering oaths in like cases, one Mary Jane Doe, who resides at 1440 Oak Street, Newark, N. J., who having been duly sworn according to law deposes and says:

That (he) (she) is the wife of John J. Doe, that (he) (she) desires and is willing to assume responsibility for and control over (his) (her) husband upon the latter's discharge from the U.S. Army, that (he) (she) has been informed of the patient's right to hospitalization by the Veterans Administration, that (he) (she) is familiar with his present mental condition and is willing and financially able to assure him such care as may become necessary, and that (he) (she) will place him in a reputable institution for care and treatment, if necessary.

Further deponent sayeth not.

Mary Jane Doe
(Signed)

Sworn to and subscribed before me this 12 day of November 19 44

Carl H. Ruddy

This form should be accomplished before a notary public or any local person legally authorized to administer oaths.

- NOTES: 1. Information is taken from Service Record or interview with patient.
2. Prepared by Registrar for signature of nearest relative or guardian and forwarded with letter.
3. If nearest relative signifies assumption of responsibility and patient is suitable for home care (See AR 600-500) designation of VA facility will be cancelled and patient discharged to the custody of the person assuming responsibility.

APPLICATION FOR PENSION OR COMPENSATION FOR

REFERENCES: AR 615-361

CIR. 13, WD 1944

VETERANS ADMINISTRATION
Adjudication Form 298
Revised October 1944

CLAIM No. _____

Page 1

VETERAN'S APPLICATION FOR PENSION OR COMPENSATION FOR DISABILITY RESULTING FROM SERVICE IN THE ACTIVE MILITARY OR NAVAL FOR THE UNITED STATES

PENALTIES PROVIDED IN PUBLIC ACT

The assignment or transfer of any right of a person who shall pledge or receive a pledge of or who holds the same as collateral security conviction shall be fined a sum not exceeding \$2,000 or imprisoned for not more than 2 years.

Any person who knowingly or willfully makes any false or fraudulent affidavit or writing, or any person who knowingly certifies that an affidavit, etc., appeared before him and was not so appear, shall be punished by fine not more than 5 years.

Any fiduciary or other person having charge of the property of a person who shall embezzle the same or fraudulently convert the same by fine not exceeding \$2,000 or imprisoned for not more than 2 years.

That whoever in any claim for pension or compensation shall be guilty of perjury or imprisonment for not more than 2 years.

That if any person entitled to pension or compensation shall be guilty of perjury or imprisonment for not more than 2 years.

While a claimant has a right to pension claim agent to assist him in and any attorney or agent so employed by the Veterans Administration.

Any person who shall knowingly agree to, arrange for, or in any way declare, certificate, statement, or any claim for benefits under this act in addition to any and all other claims for benefits shall be punished by fine not more than \$2,000 or imprisoned for not more than 2 years.

You must furnish all the information asked for in this application and answered fully and clearly. If you do not know the answer, you may state so. You may desire further information by writing to the Veterans Administration of instructions.

If you need more space to correspond with the instructions, you may write to the Veterans Administration of instructions.

ATTACH TO THIS APPLICATION
YOU HAVE

I hereby make application for compensation or pension based on military or naval service.

1. Last name—First name—Middle name
Doe, John J.

2. Address (Number, street, city or town, State)
1440 Oak St., Newark, N. J.

3. Are you a citizen of the United States?
Yes

4. Native-born or naturalized?
Native-born

5. If naturalized, state date and place

6. Date of birth
15 April 1919

7. Place of birth
Newark, N. J.

8. Sex
Male

9. Race
White

10. Height
5'4"

11. Weight
162 lbs.

12. Color eyes
Brown

13. Color hair
Brown

14. Complexion
Ruddy

15. Mark with a cross (X) branches of service in which you served.
Army
Navy
Marine Corps
Coast Guard
Name Corps
Other (specify)

16. Are you registered under Selective Service Act? (Yes or no.)
Yes

17. Address of draft board with which you registered.
Lincoln HS, Newark, N. J.

18. Home address at time of registration
1440 Oak St., Newark, N. J.

19. Entered service
Date
10 May 42
Place
Newark, N. J.

20. Serial No.
32 681 093

21. Separated from service
Date
21 Nov 44
Place
Ft. Dix, N. J.

22. Grade and organization
Pvt - 181 Inf.

23. Character and type of discharge
Honorable

24. If you served under another name, state name and period of service.
None

25. If reservist, give periods of active duty and branch of service.
None

26. State all periods of inactive duty
None

27. Do answers above cover all periods of your service—active, inactive, or reservist? (Yes or no.)
Yes

28. Have you ever applied for any of the following benefits? (Yes or no.)
Disability allowance, compensation, or pension
No
Regular service retirement pay
No
Emergency or unpaid retirement pay
No
Retainer pay
No
Insurance benefits
No
Hospital treatment or convalescent care
No
U. S. employees' compensation
No
Civil Service Retirement annuity
No

29. If any of the answers under item 28 are "yes," answer the following:
Date of application
Claim No.
Office with which filed

30. Have you ever been physically examined for the following? (Yes or no.)
Veterans Administration
Civil Service Commission
Former Service Bureau
Enlisted Reserve Corps
Officers Reserve Corps
U. S. Employees' Compensation Commission
Other (specify)

31. If any answers under item 30 are "yes," state date and place of examination.

32. Nature of disease or injury on account of which claim is made and date each began.
Psychosis, unclassified - 28 October 1944

33. If you received any treatment while in the service, give name, number or location of hospital, first-aid station, dressing station or infirmary, or the organization to which it was attached, the dates of treatment, and nature of sickness, disease, or injury.
Tilton General Hospital, Fort Dix, N. J. - 28 Oct 44 to 21 Nov 44 - Psychosis, unclassified

(CONTINUE REMARKS IN BOX 76)

NOTES: 1. Prepared by the patient with the assistance of the Red Cross.

2. If patient is mentally incompetent, form may be completed for him by VA Contingent Representative or any person acting for the claimant.

DISABILITY VA FORM 526 AND STATEMENT IN LIEU THEREOF

Page 3

Names and addresses of all civilian physicians who have treated you for any sickness, disease, or injury, prior to, during, or since your service.

34. NAME	35. PRESENT ADDRESS	36. DISABILITY	37. DATE
Dr. Ricardo Roe	Unknown - In Army	Nervousness	1940-41

Names and addresses of all persons other than physicians who know any facts about any sickness, disease, or injury which you had prior to, during, or since your service.

38. NAME	39. PRESENT ADDRESS	40. DISABILITY	41. DATE
Mary Jane Doe	1440 Oak St., Newark, NJ	Nervousness	1940-41

If you served in World War I or II, give the names and addresses of employers and your monthly earnings for the 24 months preceding your entrance into the active military or naval service. If self-employed, so state.

42. EMPLOYER NAME AND ADDRESS	43. OCCUPATION AND EARNINGS	44. DUTIES PERFORMED	45. DATE
Atlas Trucking Co. Newark, N. J.	Driver \$22 wky.	Drove truck	1939-42

46. If you served in World War II, state the following: Highest grade completed in:

GRADUATE SCHOOL	HIGH SCHOOL	COLLEGE	UNIVERSITY	47. State any special study (as business, professional, trade, academic)
	7			None

48. State where you studied	49. Length of special study	50. Did you graduate from special school?	51. Did you complete special study?
Public School #6			

52. What is your trade or vocation?	53. Are you employed?	54. If employed, state employer's name
	No	

55. What is your entire income per month? State sources of your income.	56. What is the value of your estate from all sources?
\$	\$ 500.00

57. State names and addresses of former employers for last 12 months:

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		EARNINGS		TIME LOST	
	Beginning	Ending	Weekly	Monthly	Months	Days
(1) None			\$	\$		
(2)						
(3)						

58. State any hospitalization by the United States Division thereof? No

59. Date, place, and name of spouse of each marriage
8 Feb 39, Newark, N. J. - Mary Jane Jones

60. Date, place, and name of spouse of each of her marriages
N. J. - John J. Doe

Page 4

Have you a child or children living under 18 years of age and unmarried or any child of any age who is insane, idiotic, or otherwise permanently helpless? If so, state the following particulars about each child.

61. Full Name of Child	62. Date of Birth	63. Place of Birth
None		

72. State your father's name and address

Frank Doe, 166 Avery Ave, Newark, N. J.

74. State your mother's name and address

Josephine Doe, 166 Avery Ave, Newark, N. J.

76. State full name and complete address of nearest relative at date of discharge

Mary Jane Doe, Wife, 1440 Oak St., Newark, N. J.

I HEREBY CERTIFY that I (have read) these questions and answers are true and complete to the best of my knowledge and belief, and that I understand the penalty provided for false statements.

Subscribed and sworn to before me this 22 day of December 1944

Lloyd M. Carpenter (Signed name)

76. Use this space for any remarks (continue items by box number).

STATION HOSPITAL
FORT DIX, NEW JERSEY

To the Veterans Administration Facility:

I have been told that I am to be discharged from the Army on account of disability and that I should file an application for disability pension under the laws administered by the Veterans Administration.

I have decided not to file a pension application now. I understand I may do so later.

Lloyd M. Carpenter (Signed name)

22033197 (Serial No.)

22 December 1944 Date

NOTE: VAF statement is completed in one copy in lieu of VA Form 526, if the dischargee does not wish to file claim at the time of discharge.

1 JAN 45

REQUEST FOR DESIGNATION OF VETERANS ADMINISTRATION FACILITY

OFFICE OF THE REGISTRAR
1257th SCSU TILTON GENERAL HOSPITAL
FORT DIX, NEW JERSEY

5 November 1944
(Date)

SUBJECT: Request for Designation of Hospital.

TO The Medical Director, Veterans Administration, Washington, 25, D. C.

1. The following identified soldier, who has been under observation in this hospital, is ready for transfer (at Army expense) to a facility of the Veterans Administration where he will be discharged for disability. You are requested to designate that facility.

Last Name - First Name - Middle Initial		Sex	A.S.N.	Grade
Doe, John J.		Male	24 681 093	Pvt.
Soldier's Home Address		Organization		
1440 Oak Street, Newark, New Jersey		181st Infantry Regiment		
Birthplace	Date	Race	Present Disability	
Newark, N. J.	15 April 1919	White	Psychosis, unclassified	
Type of Proposed Discharge	LOD	Current Enlistment Began At		Date
Honorable Discharge*	Yes*	Newark, New Jersey		10 May 1942
Blue Discharge	No			
Name of Nearest Relative		Relationship	Address of Nearest Relative	
Mary Jane Doe		Wife	1440 Oak Street, Newark NJ	
Marital status	Prior Service		Under Observation Since	
Single Widowed *	None		28 October 1944	
Married Divorced				

2. The following records will be forwarded to the Manager of the designated facility:

- Veterans Administration Form P-10, fully executed and sworn to.
- Veterans Administration Form 526, prepared upon soldier's request or statement to Veterans Administration that man does not wish to file VA Form 526 (Exhibit C, Cir. 13, WD, 1944).
- All available clinical records (original), including x-ray films.
- Copy of Certificate of Disability for Discharge (WD AGO Form 40).
- Photostat of original report of physical examination upon entrance into military service. (Will be forwarded when received)*
- WD AGO Form 20, Soldier's Qualification Card.
- Copy of Separation Qualification Record, WD AGO Form 100.

3. Affidavit has been made on Form P-10 that soldier is not financially able to pay the necessary expenses of hospital or domiciliary care.

For the Commanding Officer:

O. Wexler
O. WEXLER
1st Lt., MAC
Registrar

*Line out words not applicable.

- NOTES: 1. Prepared in duplicate by Registrar from information on Service Record, hospital records or data secured by interview with patient.
2. Copy 1 is forwarded to Veterans Administration, copy 2 is retained as a suspense copy.
3. If a soldier is to be discharged on a blue discharge certificate, a brief statement as to basis for discharge is to be inclosed with this form.

1 JAN 45

TM 12-235

NOTIFICATION OF DESIGNATION OF FACILITY

VA FORM NO. 2834

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

Commanding Officer,
Tilton General Hospital
Fort Dix, New Jersey

Your file reference:

In reply refer to:

John J. Doe
24681093

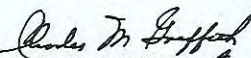
801 - File

Dear Sir:

In compliance with your request of 5 November 1944
for my designation of a hospital for the treatment of the captioned
patient, you are informed that the Veterans Administration Facility,
Lyons, New Jersey is designated. Please in-
form the Manager of that Facility as to the contemplated date and
hour of arrival of this patient.

The reservation of a bed for this patient will be void
thirty (30) days from the date of this letter.

Very truly yours,


CHAS. M. GRIFFITH
Medical Director.

NOTE: Form is prepared in duplicate by Veterans Administration.

APPLICATION FOR HOSPITAL TREATMENT

REFERENCE: AR 615-361

VETERANS ADMINISTRATION
Form P-10—Rev. Aug. 1944

APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE

Penal Provisions Applicable to Title I, Public No. 2, 73d Congress

Page 1

SECTION 14. Any person who shall knowingly make or cause to be made, or conspire, combine, aid or assist in, agree to, arrange for, or in anywise procure the making or presentation of a false or fraudulent affidavit, declaration certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and, in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than one year, or both.

REDUCTION OF PENSION, COMPENSATION, OR EMERGENCY OFFICERS' RETIREMENT PAY
WHILE RECEIVING HOSPITAL OR DOMICILIARY CARE

Where any disabled veteran having neither wife, child, nor dependent parent is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, the pension, compensation, or emergency officers' retirement pay shall not exceed \$20 per month, provided that the amount payable for such disabled veteran entitled to pension for disability the result of injury or disease incurred after active military or naval service shall not exceed \$8 per month, and provided further, that where any disabled veteran who is being furnished hospital treatment, institutional or domiciliary care by the United States or any political subdivision thereof, has a wife, child, or dependent parent the pension, compensation, or emergency officers' retirement pay may, in the discretion of the Administrator, be apportioned on behalf of such wife, child, or dependent parent, in accordance with instructions issued by the Administrator.

The applicant should forward this form, when fully executed, with a certified copy of his discharge from last period of service, to the Veterans Administration facility nearest his home, which is located at Lyons, New Jersey (Location of facility)

I, Doe John J C-No. _____
(First) (Last name) (First name) (Middle name)
hereby apply for admission to a Veterans Administration facility for (hospital treatment) domiciliary care
15 April 1919 White Male Newark, N. J. 1440 Oak St., Newark, N. J.
(Date of birth) (Color) (Sex) (Place of birth) (Present place of residence)

2. My entire service in the active military or naval service of the United States has been as follows:

SERVICE			DISCHARGE		RANK AND ORGANIZATION	CHARACTER OF DISCHARGE
Date	Place	SERIAL No.	Date	Place		
10 May 42	Newark, N.J.	32681093	21 Nov 44	Ft. Dix, N.J.	Pvt-1st Inf.	Honorable

NOTE.—If you served under a name other than the one used in this application, indicate the name under which you served and the period of service.

None

3. Have you filed claim for other benefits? No If "Yes" at what Veterans Administration office? _____
(Yes or no) (Location)

What office has your case file? _____

(Location)

4. (a) Do you receive pension? No Amount per month, \$ _____ (b) Do you receive compensation? No Amount
(Yes or no) per month, \$ _____ (c) Do you receive retirement pay? No Amount per month, \$ _____ (d) Do you
(Yes or no) receive Government Insurance pay? No Amount per month, \$ _____ (e) From what other source do you receive
(Yes or no) income? Amount per month, \$ _____ Social Security No. _____

None

(Source of income)

5. What do you believe to be the total value of your property, both real and personal? \$500 Do you care
(Amount) to qualify your answer to the question immediately preceding? No

10-9490-3

* Delete inapplicable phrase.

- NOTES: 1. Information on pages 1 and 2 is completed from the Service Record or information secured by interview with patient or by his relative or guardian.
2. Ward Officer completes page 3.
3. If soldier is mentally competent he may sign on page 2.
4. If soldier is mentally incompetent the form will be completed exclusive of items 5, 8, 9, 10, 12, and the medical certificate. The form will be sent to the nearest relative for completion and authentication of items 5, 8, 9, 10, and 12 with the letter to the relative. Upon return, the medical certificate will be completed by the ward officer.
5. If the applicant has no relatives, the form may be executed for him by a friend, by the commanding officer of the hospital or his designee.
6. If discharge is for disability incurred or aggravated in line of duty, it is not essential that items 8 and 9 be completed.

OR DOMICILIARY CARE VA FORM P-10

Page 2

Page 3

A careful physical (inc
(1) Brief history:
Numerous m

(2) Symptoms:
remember mos
regardless o
childish, sh
emotional re
is quite app

(3) Physical find

(4) Diagnosis: F

(5) Strike the cl

6. Are you single?..... Married? Yes Widowed?..... Divorced?..... (a) If married, are you living with your wife? Yes (b) Have you any child or children under 18 years of age? No If "Yes," state number of children.....
(Yes or no) (Yes or no) (Number)
and their ages..... (c) Have you other persons dependent upon you? Yes If "Yes," state relation-
(Age) (Yes or no)
ships Mary Jane Doe - Wife (Relationships)
7. Give the name and address of your wife, or nearest relative, or guardian:
Mary Jane Doe Wife 1440 Oak Street, Newark, N. J.
(Name) (Relationship) (Address)
8. Are you entitled to hospital care by membership in a lodge, society, community group treatment plan, etc., or as a beneficiary of an insurance company, workmen's compensation commission, industrial accident board, etc.? No If "Yes," give name of agency or organization.....
(Yes or no)
9. Are you financially able to pay the necessary expenses of hospital or domiciliary care? No
(Yes or no)
10. Are you able to pay transportation ~~from~~ from a Veterans Administration facility? No
(Yes or no)
11. (a) Have you received hospital care as a patient of the Veterans Administration? No If "Yes," state when.....
(Yes or no) (Give most recent date)
and where..... (Name of hospital)
(b) Have you received domiciliary care in a Veterans Administration facility? No If "Yes," state when.....
(Yes or no) (Give most recent date)
and where..... (Give name of Veterans Administration facility)
(c) Have you within the last 12 months, while hospitalized as a patient of the Veterans Administration, left the hospital: (1) Without official leave; (2) against medical advice; or, (3) been discharged for any disciplinary reason? No (d) Have you within the last 12 months, while under domiciliary care in any Veterans Administration facility, (1) been dropped from the rolls for absence without leave or demanding papers; or, (2) have you been given an enforced furlough; or, (3) requested and received your discharge while under sentence or on an enforced furlough? No (e) If your answer to either (c) or (d) above is "Yes," state when.....
(Date) where (Facility where action occurred)
and why..... (Use one of reasons above. If answer to (c) (2), or (d) (3) is "Yes," state length of such furlough)
12. This application is made with notice of Public Law No. 382 approved December 26, 1941 (38 U. S. Code 17-17) which in effect provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution leaving no widow (widower), next of kin or heir entitled to inherit, all personal property, including money or balances in bank, and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the Post Fund.

I have read these statements and understand all questions and answers on this form. The answers to all questions are true and complete to the best of my knowledge and belief. The foregoing questions and answers are made a part hereof with full knowledge of the penalty provided for making a false statement as to material fact in this application. The penal provisions appearing on page 1 hereof and the statement in item 12 have been read by me, and are fully understood.

Witnesses to signature by mark (X)

1. _____
(Signature)

(Address)

2. _____
(Signature)

(Address)

Mary Jane Doe
(Signature of applicant or representative)

Post office address 1440 Oak Street
(Number) (Street)
Newark, New Jersey
(City) (State)

Subscribed and sworn to before me this 10 day of November, 1944, by Mary Jane Doe

claimant, to whom the statements herein were fully made known and explained. I certify that the questions and answers thereto have, in my presence, been read by the claimant.

[SEAL]

* Strike out inapplicable words or phrases.

Earl Saxe
Notary Public.
16-4490-2

need an attendant during his travel. The proposed attendant's name is.....;

address..... The attendant ~~is~~ (is not) a relative of the patient.
It is proposed that travel to the hospital will be made by ~~(truck, bus, etc.)~~ (automobile).

10 November 1944 Earl Saxe Tilton General Hospital, Fort Dix, N. J.
(Date) (Signature of examining physician) (Street) (City) (State)
EARL SAXE, Major, M.C.

TELEGRAPHIC NOTIFICATIONS REGARDING TRANSFER OF PATIENT TO VETERANS FACILITY

REFERENCE: AR 615-361

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SCG TILTON GENERAL HOSPITAL (Station)
Address FORT DIX, NEW JERSEY (City)
Date 20 NOVEMBER 1944
Telephone No. 24125
REGISTRAR (Initials)

PRECEDENCE

WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not to be transmitted will be sent "Deferred."

Initial of officer making transmission

MESSAGE:

ONE ENLISTED MALE AMBULATORY PATIENT JOHN J DOE 24 681 093 DIAGNOSIS
PSYCHOISIS UNCLASSIFIED WILL ARRIVE AT YOUR FACILITY WITH ONE ENLISTED
ATTENDANT ON 21 NOVEMBER 1944 AT APPROXIMATELY 1300 VIA GOVERNMENT
AMBULANCE END TIRPAC

TURBULL COMMANDING

Notification to manager of facility of time and mode of arrival of patient.

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SCG TILTON GENERAL HOSPITAL (Station)
Address FORT DIX, NEW JERSEY (City)
Date 21 NOVEMBER 1944
Telephone No. 24125
REGISTRAR (Initials)

PRECEDENCE

WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not to be transmitted will be sent "Deferred."

Initial of officer making transmission

MESSAGE:

YOUR HUSBAND JOHN J DOE TRANSFERRED TODAY TO VETERANS ADMINISTRATION
FACILITY LYONS NEW JERSEY END TIRPAC

TURBULL COMMANDING

Notification to relative or guardian of transfer

WAR DEPARTMENT MESSAGEFORM

File No. 201 - DOE, JOHN J.
Office of origin 1257th SCG TILTON GENERAL HOSPITAL (Station)
Address FORT DIX NEW JERSEY (City)
Date 21 NOVEMBER 1944
Telephone No. 24125
REGISTRAR (Initials)

PRECEDENCE

WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary
Deferred	Registered
Week end	

Any message not to be transmitted will be sent "Deferred."

Initial of officer making transmission

MESSAGE:

GOVERNMENT WIRE - COLLECT

PRIVATE JOHN J DOE DELIVERED TO VETERANS ADMINISTRATION FACILITY LYONS
NEW JERSEY 1300 21 November 44 STOP RECEIPT MAILED 21 Nov 44
(Enter hour and date) (Date)

(Signed - Name of rank and APO of a attendant)
GOVERNMENT WIRE - COLLECT 21 22 123-124

Notification of arrival to commanding officer of transmitting hospital, attendant completes prepared telegram and transmits collect.

TRANSMITTAL OF CASE RECORDS TO VETERANS ADMINISTRATION AREA OFFICE OR FACILITY

OFFICE OF THE REGISTRAR
1257th SCSU TILTON GENERAL HOSPITAL
FORT DIX, NEW JERSEY

20 November 1944

(Date Prepared)

SUBJECT: Transmittal of Case Records of:

Last Name - First Name - Middle Initial	Grade	A. S. N.
Doe, John J.	Pvt.	32 681 093

TO: Veterans Administration Facility, Lyons, N. J.

(Enter facility or area office to which records
are to be sent)

1. Transmitted herewith are records pertaining to the above named soldier
who (was) (will be) discharged because of disability under the provisions of AR
615-361, on 21 November 1944
(Date)

- a. ☒ Veterans application for disability compensation or pension VA Form 526.
- b. ☐ Statement to Veterans Administration that man does not wish to file
VA Form 526. (Exhibit C. Clr. 13)
- c. ☒ Photostat of original report of physical examination on entrance into
military services.
- d. ☒ Copy of Certificate of Disability for Discharge WD AGO Form 40.
- e. ☒ Veterans Administration Form P-10.
- f. ☒ Soldier's Qualification Card, WD AGO Form 20.
- g. ☒ Original Clinical Records marked: "Loaned to Veterans Administration".

(1) Tilton General Hospital, Fort Dix, N. J.

Hospital

(2) Station Hospital, Pine Camp, N. Y.

Hospital

(3)

Hospital

- h. ☒ Copy of Separation Qualification Record WD AGO Form 100.

2. Any records subsequently received will be forwarded promptly.

3. Type of Discharge is: ☒ Honorable (White)
☐ Not Honorable (Blue)

For the Commanding Officer:

Signature or Stamp of Recipient

Title

O. Wexler
O. WEXLER
1st Lt., MAC
Registrar

By
Stamping of duplicate copy constitutes receipt. Send Copies 1 and 2 to Veterans
Administration. Copy 3 is retained as suspense copy.

- NOTES: 1. Prepared in triplicate to effect transfer of records to Veterans Administration facility if patient is transferred to VAF or to the Veterans Administration Area office if soldier is discharged to his own care.
2. Copies 1 and 2 are forwarded to Veterans Administration, copy 3 is held as suspense copy and is subsequently transmitted to The Adjutant General with Service Records. Copy 1 is stamped or signed by recipient (Veterans Administration) and returned to transmitting hospital.

RECEIPT FOR PERSON AND PROPERTY

Veterans Administration
Name of Veterans' Facility

Lyons New Jersey
City State

TO: The Registrar, Tilton General Hospital, Fort Dix, New Jersey

1. This will acknowledge receipt of the following person:

Last Name - First Name - Middle Initial	Grade	ASN
Doe, John J.	Pvt	32 681 093

and his personal effects listed below.

2. Clothing and Property List.

No.	Description	No.	Description	No.	Description
1	Bag, Barracks				
1	Belt, Web				
1	Shoes, Service				
1	Cap, Garrison				
	Cap, Cotton, Khaki				
	Cap, Service & Insignia				
1	Coat, Wool				
1	Overcoat				
	Mackinaw				
1	Shirts, O.D.				
	Shirts, Khaki				
1	Trousers, O.D.				
	Trousers, Khaki				
2	Undershirts, cotton				
2	Drawers, cotton				
1	Gloves				
4	Handkerchief				
2	Necktie				
4	Socks				
2	Towels				

Date of Arrival at Facility

Signature of Recipient

Title

Send copies 1 & 2 to Veterans' Facility. File copy 3. Have VA sign and return copy 1.

- NOTES: 1. Prepared prior to transfer of patient to Veterans Administration Facility.
2. Prepared in triplicate. Copies 1 and 2 are forwarded and the recipient checks the property, signs copy 1 and returns it to the discharging hospital. Copy 3 is retained as suspense copy.
3. Money and valuables will be forwarded to the facility to which the patient is transferred by registered mail (Par. 10b, AR 600-500)
4. This form may be altered for use in securing receipt for patients property from nearest relative or guardian if patient is discharged to custody of relative or guardian.

FINAL DISPOSITION OF RECORDS

RECORDS TO	WD AGO FORM 8-24	WD AGO FORM 8-111	WD AGO FORM 8-176	WD AGO FORM 20	WD AGO FORM 24	WD AGO FORM 30-5	WD AGO FORM 32	WD AGO FORM 381	WD AGO FORM 401	WD AGO FORM 53 SER.	WD AGO FORM 53-2	WD AGO FORM 100	WD AGO FORM 166	WD AGO FORM 201	WD AGO FORM 519	WD FORM 371	WD PAMPHLET 21-4	VA FORM 526s	VA FORM P-10	VA FORM 2834	LAPEL BUT-TON	IDEN. DISCH. CERT.	CLINICAL REC-ORDS	STATE-MENT TO VA
TAG				1*	1 §§	1		1	1	2				1										
VET ADM. NEW YORK										4														
VA AREA OFFICE OR FACILITY				1*				2§	2	5	2							1	1	1			1	1
SURGEON GENERAL	1																							
OD8 NEWARK, N. J.						4, 5																		
GOV'T. INS. ALLOT. DIV.						2, 3																		
SERVICE COMMAND				1*						3														
REGISTRAR OF HOSPITAL		1																						
DISBURSING OFFICER																1, 2								
AG OF STATE (NG CASES)											1*													
SOLDIER	1								1			1	1				1**			1		1		
CLINICAL RECORDS	2	2																						
STATE DIR. SEL. SERV.			1*							6, 7, 8														
PREVIOUS EMPLOYER															1									
FILE	2					6		Work Sheet & Lab. Slips	3							3				2				
DESTROY						1†						Work Sheet												

NOTES: ★ — If transferred to or remaining assigned to ERC or RAR to: Commanding General of Service Command of place of residence of man; if discharged on CDD to: Veterans Administration Facility or Area Office; if discharged to accept a commission to: AGO, all other men released from active duty to: State Director of Selective Service having jurisdiction over man.

† — WD AGO Form 40 to be used in CDD, WD AGO form 38, used for all other.

§ — Prepared only if dischargee wishes to file pension application.

‡ — Destroyed unless statement of charges levied against man, then forwarded with Service Records.

§§ — If man has been naturalized while in the United States Army the original certificate of naturalization will be withdrawn from the Service Record and presented to him at time of honorable discharge.

◆ — Prepared only in cases of former National Guardsmen discharged or reverted to National Guard status.

★ — WD Pamphlet 21-4 given only to those soldiers discharged on honorable discharge. WD Pamphlet 21-24 given to those soldiers discharged on blue discharge certificate.